2. BULLOUS PEMPHIGOID, CLINICAL ASPECTS AND TREATMENT

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Introduction. Bullous pemphigoid is a chronic, potentially fatal autoimmune skin disease that results in generalized pruritic bullous eruptions in older patients. Local and systemic glucocorticosteroid drugs are prescribed as initial therapy. Most patients require long-term maintenance therapy with immunosuppressive drugs.

Aim of study. Evaluation the standards for providing specialized medical care to patients with bullous pemphigoid with drugs that combine the optimal effectiveness-safety ratio.

Methods and materials. Systematic syntheses, meta-analyses, scientific articles, manuals, guidelines, clinical protocols published in the country and abroad in the last 10 years in the following databases were used as data sources: UpToDate, HINARI.

Results. Topical corticosteroids such as clobetasol cream 0.05% should be used for localized disease, and the prescribed dose of systemic drugs may be reduced. Patients with generalized disease often require systemic prednisone 60–80 mg orally once a day, tapered over several weeks to a maintenance dose of ≤ 10–20 mg/day. Most patients go into remission within 2–10 months, but further treatment may be required for several years before complete recovery. For bullous pemphigoid, the anti-inflammatory activity of certain medications, such as combination therapy with tetracycline or minocycline and nicotinamide, is sometimes effective. Other treatment options include monotherapy with dapsone, sulfapyridine, or erythromycin. Intravenous immunoglobulins are sometimes used. For patients with generalized or treatment-resistant disease, and in some cases to reduce the dose of corticosteroids in chronic cases and reduce the side effects of the latter, immunosuppressants such as methotrexate, azathioprine, cyclophosphamide, mycophenolate mofetil and cyclosporine can be prescribed. Biological drugs that can be used are rituximab and omalizumab.

Conclusion. To avoid or minimize the use of systemic corticosteroids, patients are prescribed high-potency topical corticosteroids whenever possible. To reduce the dose of corticosteroids, therapy with anti-inflammatory, immunosuppressive and biological drugs can be used.