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LONG-TERM CLINICAL COURSE OF PEMPHIGUS VULGARIS WITH PREDOMINANTLY RECURRENT ORAL INVOLVEMENT: A LONGITUDINAL CASE REPORT AT DR BATRA'S

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Abstract

Background: Pemphigus vulgaris (PV) is a chronic autoimmune blistering disorder characterized by intraepidermal acantholysis and mucosal and/or cutaneous lesions. Oral involvement may be persistent and can significantly interfere with eating and quality of life.

Case Presentation: A 64-year-old female with a history of pemphigus vulgaris diagnosed in 2008 presented with recurrent painful oral ulcerative lesions, predominantly involving the buccal mucosa and sublingual region. The initial disease history documented oral lesions beginning in 2007, followed by blistering lesions over the breast and back. Lesions subsequently became predominantly mucosal, with recurrent painful ulcers, burning, difficulty eating solid food, gingival inflammation and occasional bleeding. The patient had also developed diabetes mellitus in the context of prolonged corticosteroid exposure. A biopsy performed in 2019 was reported as consistent with pemphigus, demonstrating a suprabasal blister with acantholytic cells and inflammatory/granulation tissue. The patient received conventional treatment at different stages, including corticosteroids, antibiotics, antifungal treatment and topical oral preparations, while individualized homeopathic treatment was also continued.

Outcome: Longitudinal follow-up from 2014 to 2026 demonstrated periods of improvement and exacerbation. Oral lesions gradually became more manageable, with several follow-ups documenting fewer or milder aphthous/pemphigus-like lesions, reduced pain and improved ability to eat. However, intermittent recurrence persisted, particularly during periods associated with infections, constipation, medication changes and other clinical stresses. By August 2026, the record described the patient as clinically stable apart from intermittent oral fungal symptoms and other comorbid complaints.

Conclusion: This case illustrates the prolonged and fluctuating clinical course of pemphigus vulgaris with predominant oral involvement over more than a decade. The longitudinal record highlights the importance of sustained follow-up, monitoring of corticosteroid-related comorbidities, management of oral complications and individualized supportive care. The observations from a single case cannot establish treatment efficacy or causality.

Keywords: Pemphigus vulgaris; oral pemphigus; autoimmune blistering disease; oral ulcers; chronic disease; longitudinal case report; homeopathy.

1. Introduction

Pemphigus vulgaris is a chronic autoimmune blistering disorder in which autoantibodies target components responsible for adhesion between keratinocytes. Loss of cellular adhesion produces intraepidermal blister formation and mucosal ulceration.

Oral lesions are frequently an important manifestation of PV and may precede or accompany cutaneous disease. Because oral erosions can be painful, patients may experience difficulty eating, drinking and maintaining adequate nutrition.

The present case is notable because of the **very prolonged clinical course**, beginning with oral symptoms in approximately 2007 and continuing through a longitudinal record extending to 2026. The clinical documentation provides an opportunity to describe the evolution of symptoms, investigations, treatment history, comorbidities and follow-up outcomes over an extended period.

2. Case Presentation

2.1 Patient profile

The patient was a **64-year-old female homemaker** at the time of detailed assessment in February 2016.

She had a documented history of **pemphigus vulgaris since approximately 2008**, with symptoms beginning around 2007. The initial presentation was predominantly oral, followed by development of cutaneous lesions.

The detailed historical assessment recorded:

- Married
- Two children
- Homemaker
- History of diabetes mellitus
- Menopause around the time of disease onset
- Predominantly hot thermal state
- Increased thirst
- Chronic constipation with hard stools
- Recurrent painful oral lesions

The initial detailed case assessment documented that the disease had a significant emotional impact, with the patient describing feelings of hopelessness regarding the illness.

3. History of Present Illness

The disease reportedly began in **2007 with oral lesions**.

Initially, the patient developed ulcerative lesions resembling aphthae involving the mouth and lips. The lesions were associated with:

- Burning
- Pain
- Dryness and cracking of the lips
- Bleeding
- Difficulty eating

- Recurrent oral erosions

Subsequently, blistering lesions appeared over the body, including the **breast and back**. The lesions reportedly ruptured to form erosions.

Over the following years, the disease became predominantly characterized by **recurrent oral involvement**, particularly:

- Buccal mucosa
- Sublingual region
- Tongue
- Gingiva
- Lips

At periods of exacerbation, the patient experienced severe pain and difficulty eating solid food. In some episodes, liquid or soft food was required because of oral pain.

4. Clinical Features

The longitudinal record documented recurrent:

Clinical feature	Course
Oral ulcers/erosions	Recurrent over several years
Tongue involvement	Persistent/recurrent
Buccal lesions	Recurrent
Gingival inflammation	Intermittent
Burning	Prominent during exacerbations
Oral pain	Variable, occasionally severe
Difficulty eating	During severe episodes
Lip involvement	Intermittent
Skin lesions	Present particularly during earlier disease

Clinical feature

Course

Oral fungal/white deposits Recurrent during later follow-up

Constipation

Chronic associated complaint

In 2015, the record described continuous oral ulceration with redness and pain, with difficulty swallowing solid food.

A later detailed examination documented painful oral lesions with burning, stiffness and difficulty eating, along with previous vesicular lesions over the breast and back.

5. Diagnostic Evaluation

5.1 Histopathology

A biopsy performed in **2019** was documented as:

“Suprabasal blister consistent with pemphigus”

The report additionally described:

- Suprabasal blister formation
- Acantholytic cells
- Mixed inflammatory infiltrate
- Granulation tissue

These findings supported the documented diagnosis of pemphigus.

5.2 Laboratory investigations

The longitudinal record contains several laboratory evaluations.

February 2019

- Hb: not specifically abnormal in the reported record
- Total cholesterol: 159 mg/dL
- Triglycerides: 58 mg/dL
- HDL: 66 mg/dL
- LDL: 73 mg/dL

- HbA1c: 6.2%
- T3: 1.27
- T4: 9.10
- TSH: 3.35

The same assessment documented the biopsy findings consistent with pemphigus.

February 2025

- Hb: 11.9 g/dL
- RBC: 3.82
- ESR: 85
- CRP: <0.5
- Cholesterol: 175 mg/dL
- HDL: 49.1 mg/dL
- LDL: 93 mg/dL
- Triglycerides: 166 mg/dL
- HbA1c: 6.3%
- TSH: 4.339
- Vitamin B12: 659
- Vitamin D: 33.9
- eGFR: 96.51

The patient was documented to be taking **Galvus Met and Amaryl**, along with vitamin D.

April 2026

- Hb: 11.4 g/dL
- HbA1c: 6.0%
- Estimated average glucose: 125.5
- Cholesterol: 218.8 mg/dL
- HDL: 45.9 mg/dL

- LDL: 133 mg/dL
- Triglycerides: 99 mg/dL
- TSH: 2.41
- Kidney function: reported normal
- LFT: reported normal

Urinalysis showed 10–15 WBCs and 2–4 epithelial cells.

6. Treatment History

The patient had received **conventional medical treatment over several years**, particularly corticosteroid therapy.

The record documents use of:

- Betnesol/betamethasone preparations
- Other corticosteroid therapy
- Antibiotics during exacerbations/infections
- Antifungal therapy
- Topical oral preparations
- Betadine gargles
- Canacort/oral corticosteroid preparations
- Nutritional supplements

The prolonged corticosteroid exposure was associated with development of **diabetes mellitus**, which became an important comorbidity during the course of treatment.

At different stages, steroid doses were increased during exacerbations. For example, the 2024 record documents a period of increased steroid dosing together with antibiotic, oral ointment, calcium and antifungal treatment.

7. Homeopathic Management

The case was managed longitudinally with individualized homeopathic treatment alongside conventional medical management.

The record contains consideration of remedies including **Mercurius** and **Arsenicum album**, particularly in relation to the constitutional presentation and clinical manifestations. In 2015, the record specifically mentions consideration of **Arsenicum album 30** at a later stage.

However, the uploaded record does **not consistently document a single continuous homeopathic prescription and dosage throughout the entire 12-year period**. Therefore, it would not be scientifically appropriate to attribute the entire longitudinal outcome to one specific remedy.

This distinction is important when presenting the case academically.



8. Longitudinal Clinical Outcome

The most important feature of this case is the prolonged follow-up.

2014–2015

The patient continued to experience recurrent oral lesions, including painful erosions and difficulty eating. Some episodes were associated with secondary infection and required conventional treatment.

2016

The disease remained predominantly oral. The detailed assessment described recurrent painful lesions under the tongue and buccal cavity, burning and stiffness, with difficulty eating solid food.

2017

Several follow-ups documented improvement in the pemphigus component, although aphthous ulcers continued intermittently. In May 2017, exacerbation of aphthous ulcers was associated with stress; subsequent visits documented improvement in tongue and cheek lesions.

2018–2019

The oral condition continued to fluctuate, with recurrent aphthous-like lesions, fungal deposits and gingival complaints.

The 2019 biopsy provided objective histopathological confirmation of pemphigus.

2020–2022

The patient continued to experience recurrent oral soreness and sublingual lesions, but several visits documented the lesions as smaller, less painful or manageable.

Constipation remained a recurring associated complaint.

2023–2024

Recurrent oral lesions continued but were frequently described as manageable or smaller. Episodes of fungal involvement and gastrointestinal complaints complicated the clinical picture.

In June 2024, the record described oral aphthae together with fungal involvement and documented use of conventional steroid, antibiotic, antifungal and supportive treatments.

2025

The patient continued to have intermittent mild oral lesions. In August 2025, the record stated that aphthae were fine, while the patient reported that a surgeon had considered the lesion to be pemphigus.

2026

By April–August 2026, the record described the overall condition as relatively stable, although fungal/irritative oral symptoms and constipation continued intermittently.

In May 2026, the record noted oral fungal involvement and irritation/soreness; by June, the patient had undergone anal surgery for a fissure-related problem and reported increased oral ulcers in the context of the postoperative period. By July–August, the patient was described as otherwise stable.

9. Outcome Summary

Parameter	Earlier course	Later course
Oral ulcers	Frequent/recurrent	Intermittent and generally manageable
Oral pain	Sometimes severe	Reduced overall, episodic
Burning	Prominent during exacerbations	Less prominent
Difficulty eating	Present during severe episodes	Improved
Buccal lesions	Recurrent	Intermittent
Sublingual lesions	Persistent/recurrent	Smaller/intermittent
Gingival inflammation	Recurrent	Occasional
Skin lesions	Present earlier	Predominantly stable
Secondary fungal symptoms	Intermittent	Continued intermittently
Constipation	Chronic	Persistent but manageable
Diabetes	Developed during prolonged steroid exposure	Continued under treatment
Overall status	Chronic active/recurrent disease	Long-term clinically stable with intermittent complaints

10. Discussion

This case demonstrates the prolonged clinical course of pemphigus vulgaris with **predominantly recurrent oral disease**.

A particularly important feature was the persistence of oral manifestations despite periods of improvement in cutaneous disease. The patient's symptoms fluctuated over the years, with episodes of increased oral soreness, ulceration, burning and difficulty eating.

The diagnosis was supported by histopathology in 2019, which documented a **suprabasal blister with acantholytic cells consistent with pemphigus**.

The case also highlights the complexity of long-term management. The patient received prolonged conventional treatment, including systemic corticosteroids. Development of diabetes during the disease course was documented in association with steroid exposure, making metabolic monitoring particularly relevant.

Another important observation is the presence of recurrent **oral fungal symptoms** during the long-term course. This creates an important clinical consideration because persistent oral lesions in a patient with established pemphigus may have more than one contributing factor.

The patient's clinical course was therefore not linear. Periods of improvement alternated with exacerbations, and several episodes coincided with infections, medication changes, constipation, stress or other intercurrent problems.

11. Clinical Learning Points

1. **Pemphigus vulgaris may have a prolonged, fluctuating course**, particularly when oral involvement persists.
2. **Persistent oral lesions require careful differential assessment**, especially when fungal infection, aphthous ulceration or trauma may coexist.
3. **Histopathological confirmation is important** when pemphigus is suspected.
4. Long-term corticosteroid exposure requires monitoring for **metabolic and other treatment-related complications**.
5. Management of chronic pemphigus requires **regular follow-up rather than assessment based on a single visit**.
6. In this case, the longitudinal record demonstrates periods of improvement but also intermittent recurrence, making it inappropriate to describe the disease as permanently cured.

12. Limitations

This is a **single retrospective case report** based on longitudinal clinical records.

The following limitations should be acknowledged:

- Complete treatment details were not available for every follow-up.
 - The exact homeopathic prescription and potency were not consistently documented throughout the entire period.
 - Serial standardized disease-activity scores were not available.
 - Direct immunofluorescence/serological antibody results were not documented in the supplied record.
 - Several oral lesions were described as aphthae or fungal lesions, making it difficult to attribute every episode specifically to active pemphigus.
 - The patient received conventional treatment, including corticosteroids, antibiotics and antifungal therapy; therefore, improvement cannot be attributed to homeopathy alone.
 - A single case cannot establish treatment efficacy or causation.
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13. Conclusion

This longitudinal case describes a **more than 15-year clinical course of pemphigus vulgaris with predominantly recurrent oral involvement**, subsequently supported by biopsy findings consistent with pemphigus. The patient experienced repeated episodes of oral pain, erosions, burning and difficulty eating, interspersed with periods of clinical improvement.