

6 Cms

A CASE OF RECURRENT BULLOUS ERUPTION OF THE
FACE. PROBABLY PEMPHIGUS HYSTERICUS.

By FRANCIS J. SHEPHERD, M.D., C.M., LL.D., Edin.

Lecturer in Dermatology, McGill University, Montreal.

Read before the Twenty-ninth Annual Meeting of the American Dermatological
Association, New York, December 28, 29, 30, 1905.

MISS HILDA B., aged twenty, consulted me on the 10th of April, 1902, for an eruption on the face which had affected her for the last four years. Sometimes she is quite free from it. Being a girl who was fond of society, she is unable to enter into its gaieties for she never knows when her face is going to break out. The eruption appears first as small inflamed blisters on the forehead, chin, cheeks, and even nose. These blisters soon increase to the size of a ten-cent piece, fill with bloody serum, then discharge and form scabs. There may be half a dozen or more of these blisters at a time. As a rule the bullæ come out in successive crops and last about a month. She may be free for a week or so. The blisters burn but never itch. There is no regularity as to where the spots may come out; anywhere on the face, often on the same spots; never on the hairy scalp. The blisters leave a pigmented mark after healing.

The first blister, she says, appeared on the nose where she had a scratch and came out after picking wild flowers. She appeared to me a girl of rather lymphatic temperament who took little interest in life, was much sympathized with by her family and although she had no positive hysterical stigmata, still she had that appearance and her throat was somewhat insensitive.

I put her on arsenic and saw her regularly for two months, but never saw the actual bullæ, she came to me when they were passing and the scab had formed. At the end of this time she came to me with a very severe outbreak of the eruption, face was covered everywhere with scabs, the result of discharged bullæ. She now told me

NOTE: Since the above was written, the patient came to me with a fresh outbreak of the eruption. This time the bullæ were very regular in shape and there were many scratches about the face. On again making a careful examination as to hysterical manifestations, I found complete insensitiveness of the throat, anæsthetic patches on the body and general nervousness. I have but little doubt that this is a "feigned eruption," the more remarkable in that it has lasted so many years.

F. J. S.

that the attack is always worse before menstruation. From June, 1902, until October, 1905, I did not see her. During this period her condition has been much the same except that now she is sometimes free from the eruption for three weeks, but when it does come, it is more severe and always worse if it comes out before menstruation, and if this is delayed it aggravates the outbreak. I treated her with Extract of Ergot with some improvement. During the past year, and especially during the attacks, the submaxillary lymphatic glands become enlarged as do the glands of the neck.

This case has puzzled me greatly: why the face only should be affected in an apparently otherwise healthy girl, and I wondered whether the rash was self-induced. So far I have found out nothing, but the girl remains an unhappy creature who is a worry to her family and a nuisance to herself.

The bullæ have never appeared in mouth or throat and never on the hairy scalp or hands. None of the other members of the family have ever had a similar eruption.

The cause of many of these bullous eruptions is obscure. It may be connected with menstruation, but in this case why, if due to some general cause, does it appear only on the face? Why has it lasted so long, and why is the girl's general health so good? I cannot divest myself of the feeling that the eruption may be self-induced, though such an explanation when submitted to the parents was scouted as absurd. I should be inclined to regard it at any rate as a trophonurosis.

DISCUSSION.

Dr. L. DUNCAN BULKLEY said the case reported by Dr. Shepherd was exceedingly interesting to him, as he had for the past ten years kept a record of all cases of skin eruptions coming under his observation or reported in literature, in which menstruation apparently had some connection with the disorder. His personal list already embraced over ninety cases in private practice of various kinds of skin lesions which were apparently more or less directly connected with disturbances of the function of menstruation, and a thorough review of the literature revealed large numbers on record. Among the cases he had collected there were several types of eruption in which the lesions made their appearance a few days before menstruation, and disappeared a few days after its cessation. There were also several cases in which a herpetic eruption, or lesions of the bullous and pemphigoid type appeared with each menstrual epoch.

Dr. Bulkley said that various theories had been advanced to explain

these skin manifestations in their connection with menstruation. Just before the onset of each menstrual cycle, there was an increase in blood pressure, and a swelling of the thyroid gland, together with other signs of constitutional disturbance, and in persons who were peculiarly susceptible to certain eruptions, those lesions were probably more prone to manifest themselves at that time.

Dr. Bulkley said that no less than twenty disorders of the skin had been reported by careful authorities in connection with menstruation. Among the most interesting were cases of true erysipelas, of which many instances were on record. In one or more of these cases the erysipelas extended over the entire head, with severe constitutional symptoms, temperature 104°-105°, and there was a recurrence with each menstruation.

Dr. Louis A. DURING said that from time to time he had seen cases similar to the one reported by Dr. Shepherd, and he was inclined to attribute them to entirely different causes; namely, those in which the nervous system was more or less implicated. Those that he had in mind were assuredly not due to a local irritant or any external influence. He recalled the case of a young girl who had recurrent outbreaks of blebs; these were at first thought to be factitious, but later they were considered to be due to some obscure nervous disturbance. While menstruation was doubtless an important factor in some of these cases, there were also other factors worthy of consideration.

Dr. ARTHUR VAN HARLINGEN said he had reported the case of a colored girl in whom there were beginning blebs appearing at the time of the menstrual epoch. They were supposed to be due to rubbing. The lesions had the appearance of triangular cicatrices, as though the fingernail had been used to pick out the skin. In that case, there was probably a hysterical element, together with a morbid condition of the skin.

Dr. SHEPHERD, in reply to a question as to whether the patient whose case he had reported had any house cats as pets, said he did not think so, as she spent much of her time out of doors in the country. She had only recently volunteered information which led him to believe that the recurrent eruption was possibly connected with menstruation. He had made an effort to get her under closer observation by sending her to the hospital, but she had refused to go.