

Afro-Caribbean pemphigus: epidemiological data from a 5-year prospective study on the island of Guadeloupe (French West Indies).

Nadège Cordel, Cyril Maire, Danièle Le Gilbert, Philippe Courville, Benoît Tressières

► **To cite this version:**

Nadège Cordel, Cyril Maire, Danièle Le Gilbert, Philippe Courville, Benoît Tressières. Afro-Caribbean pemphigus: epidemiological data from a 5-year prospective study on the island of Guadeloupe (French West Indies).. International Journal of Dermatology, Wiley-Blackwell, 2013, 52 (11), pp.1357-60. <10.1111/ijd.12072>. <inserm-00849029>

HAL Id: inserm-00849029

<http://www.hal.inserm.fr/inserm-00849029>

Submitted on 6 May 2014

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

Afro-Caribbean pemphigus : epidemiological data from a 5-year prospective study on the island of Guadeloupe (French West Indies)

N. Cordel, M.D (1), C. Maire, M.D (2), D. Gilbert, M.D (3), P. Courville, M.D (4), B.Tressières (5).

(1) Department of Dermatology and Internal Medicine, Pointe-à-Pitre University Hospital, Guadeloupe

(2) Department of Dermatology, Lille Regional University Hospital, France

(3) Laboratory of Immunopathology, Faculty of Medicine-Pharmacy, University of Rouen, Rouen, France

(4) Department of Pathology, Rouen University Hospital, Rouen, France

(5) Biostatistician CIE 802, French West Indies-Guyana, Pointe-à-Pitre University Hospital, Guadeloupe

Key-Words: pemphigus- epidemiology- incidence- Guadeloupe- French West Indies

Manuscript word count: 1309

Manuscript figure count: 3

Manuscript table count: 1

Manuscript reference count: 13

The Authors had full access to all the data in the study and take full responsibility for the integrity of the data and the accuracy of the data analysis.

Funding sources: none

Conflict of interest: None declared

Corresponding Author: Nadège Cordel, M.D
Department of Dermatology and Internal Medicine
Pointe-à-Pitre University Hospital
BP 465
97159 Pointe-à-Pitre cedex
Tel : 00 33 590 590 89 15 45/ Fax : 00 33 590 590 89 16 15
E-Mail: nadege.cordel@chu-guadeloupe.fr

Abstract

Background: There is no epidemiologic data regarding autoimmune pemphigus in the Afro-Caribbean population.

Objectives: To describe the epidemiology of autoimmune pemphigus on the island of Guadeloupe (French West Indies, 400736 inhabitants, mostly black Caribbean of African European descent).

Methods: 5-year prospective study . Inclusion of the incident cases when directly referred to the Dermatology Department or secondarily referred by they private practice dermatologist once identified by the computerized databases of the guadeloupean pathology laboratories.

Results: World-population-standardized incidence was 6.96 (95% CI: 3.41-10.52) for pemphigus vulgaris and 3.75 (95% CI: 1.12-6.39) for pemphigus foliaceus. Patients usually live in the rural countryside whereas 75% of the population of Guadeloupe Island live in a urban environment.

Conclusion: We report a high incidence of auto immune pemphigus in Guadeloupe, especially for the foliaceus type and particular epidemiological features such as the rural countryside habitat.

1 Introduction

2 Pemphigus is an autoimmune blistering disease involving the skin and or mucosa. It is due to
3 pathogenic autoantibodies directed against keratinocytes surface antigens: desmoglein 1 (Dsg
4 1) and desmoglein 3 (Dsg 3). Both genetic and environmental factors have been associated
5 with the occurrence of autoimmune pemphigus [1]. For example, the association between
6 pemphigus vulgaris (PV) and pemphigus foliaceus (PF) with HLA class II alleles (ie: DR4
7 and DR14) is now clearly demonstrated [1,2]. Moreover, various epidemiological studies
8 have identified environmental antigens linked to endemic PF [1,3,4]. For these reasons,
9 annual incidence of the disease differs among ethnic groups and in parts of the world [1-7].
10 Little is known about the epidemiology of autoimmune pemphigus in black patients. Indeed,
11 most studies concern Caucasians from Mediterranean Basin or Asia Minor and from Western
12 Europe [1,5,6,7]. Only 2 studies concerning Black patients from South Africa and from Mali
13 are available [8,9]. There is no epidemiologic data regarding autoimmune pemphigus in the
14 Afro-Caribbean population. Moreover, all the studies performed with calculation of the world
15 standardized incidence of autoimmune pemphigus are retrospective and few include an
16 individual validation of the cases in their design [1,6].

17 Guadeloupe, an overseas department of France, is the greater island of the Lesser Antilles
18 within the West Indies (400736 inhabitants, mostly black Caribbean of African European
19 descent). Recent studies have reported a high incidence of autoimmune diseases in the French
20 West Indies but autoimmune pemphigus has not yet, to our knowledge, been reported [10].

21 We performed a prospective study to estimate the world standardized incidence rate of
22 autoimmune pemphigus on the island of Guadeloupe during the 5-year period between
23 1/11/2005 and 1/11/2010 and describe the epidemiological characteristics of the disease in
24 this Afro-Caribbean population.

25

26 **Materials and methods**

27 Incident cases of autoimmune pemphigus were prospectively included when referred to the
28 Dermatology Department of Guadeloupe Island University Hospital. Possible cases of
29 autoimmune pemphigus diagnosed exclusively in private consultation during the study period,
30 were identified using the computerized databases from the 3 pathology laboratories of the
31 island. Identified patients were secondarily referred to the Dermatology Department by their
32 private practice dermatologists to be enrolled in the study. Inclusion criteria were the
33 followings: i) patients with clinical and histological characteristics of autoimmune pemphigus
34 ii) positive direct immunofluorescence (ie: deposition of IgG, C3 or both on the keratinocyte
35 membrane), iii) patients who lived on the island of Guadeloupe for at least 6 months prior to
36 their skin disease occurrence. **The exclusion criterion was an age inferior to fifteen.**

37 **The following data were recorded for all the patients included in the study: gender, phototype**
38 **according Fitzpatrick classification, socio professional category, habitat, age at diagnosis of**
39 **pemphigus, clinical manifestations and histological features of the disease, medical history**
40 **focused on neoplasia, auto-immunity and chronic inflammatory diseases, current treatment**
41 **with special regards to medications known to induce autoimmune pemphigus [11].**

42 **Laboratory studies**

43 **HLA tests were performed with the authorization of patients on a signed consent form.**

44 **Antileishmaniasis activity and anti-HIV, HCV, HBV, HTLV-1 as well as syphilis serology**
45 **were recorded for each included patient.**

46 **To determine anti-Dsg 1 and anti-Dsg3 antibodies titers, Dsg1- and Dsg3-ELISA tests**
47 **(MESACUP Desmoglein test; Medical and Biological Laboratories, Nagano, Japan) were**
48 **performed with 1:100 diluted serum samples according to the manufacturer's instructions.**

49 **The cut-off values were set at 14 and 7 for anti-Dsg-1 et anti Dsg-3 ELISAs respectively.**

50 **Statistical evaluation**

51 The crude and world-population-standardized incidences were determined using Stata/SE
52 10.0 for Windows software (StatCorp LP, College Station, TX, USA) and the 95% confidence
53 interval was calculated assuming a Poisson distribution [12]. Statistical analysis was done
54 using SPSS 17.0 software (IBM SPSS Statistics, Chicago, IL).

55

56

57 **Results**

58 Fifteen cases of autoimmune pemphigus were included in the study (PV n=7; PF n=8). No
59 pediatric cases were identified. The crude annual incidence of autoimmune pemphigus on
60 Guadeloupe Island was 7.49 cases per million inhabitants (95% CI: 4.19-12.35) over the study
61 period. The world-population-standardized incidence was 6.96 cases per million inhabitants
62 (95% CI: 3.41-10.52).

63 Characteristics of patients at baseline are summarized in table 1. Mean age of patients was 53+/-
64 19 years. Male/female sex ratio was 0.9. All patients were black Caribbean of African
65 European descent with a dark phototype (ie: V or VI based on the Fitzpatrick
66 classification). They all belonged to middle or low socio professional categories. The entire
67 series of patients had lived on Guadeloupe Island since birth. Habitat was the rural
68 countryside in 75% (9/12) of cases (i.e.: sugar cane fields and banana plantations, tractor
69 farming) whereas 75% of the population of Guadeloupe Island live in a urban environment
70 [13]. Lesions were exclusively localized in the oral cavity in 2 of the 7 patients with PV.

71 Interestingly, most of the PV patients (4/5:80%) exhibited some pustules with hypopyon on
72 the trunk and limbs (Fig.1). For these patients a specific skin biopsy specimen of the pustule
73 was analyzed in addition with a standard skin biopsy specimen of a PV typical lesion.

74 Histological examination of the pustule showed suprabasal acantholysis; direct

75 immunofluorescence (DIF) showed epithelial cell surface staining predominantly on the basal
76 layers of the epidermis with IgG (n=3) or IgA (n=1). PF patients had typical skin lesions
77 located on the classical sites (ie. central chest, scalp and face). Dsg1 Elisa test was positive in
78 7/8 cases (PF: n=4, PV: n=3) and negative in the 2 cases of mucosal PV. Dsg3 Elisa test
79 was positive in the 6 tested PV patients, and negative in PF patients, **as expected**. The HLA
80 class II alleles associated with autoimmune pemphigus (i.e.: DR4 and/or DR14) were found in
81 9/12 (75%) tested patients (PF n=4; PV n=5). Anti-HIV, HCV, HBV, HTLV-1 antibodies as
82 well as anti-leishmaniasis activity and syphilis serology were negative in all patients.

83

84 **Discussion**

85 This first epidemiological study **about** auto-immune pemphigus in the Afro-Caribbean
86 population showed a high world-population-standardized incidence of 6.96 cases per million
87 inhabitants per year , (95% CI:2.97-10.97). This incidence rate is higher than that reported in
88 the US and in Western Europe, where the incidence rate varies from 0.6 to 1.55 cases per
89 million inhabitants per year according to the most recent studies [5,6]. **It is also greater than**
90 **world-population- standardized incidence rates reported in studies performed in**
91 **Mediterranean Basin where values are the most high (ie: 3 cases per million inhabitants per**
92 **year in Italy and 6.7 in Tunisia). [1,7]**

93 Moreover, our study showed a high world-population-standardized incidence of PF (i.e.: 3.59
94 cases per million inhabitants per year (95% CI: 0.67-6.51) as compared to the incidence of
95 sporadic PF in the US and in Europe (i.e: less to 1 case per million inhabitants per year) [1].

96 Despite the lack of familial cases, this latter result prompted us to investigate a link between
97 pemphigus from Guadeloupe Island and endemic pemphigus from Brazil which is
98 geographically near. We found 3 similarities between these 2 forms of autoimmune
99 pemphigus: i) the HLA class II alleles DR4 and DR14 were observed in 75% of tested

100 patients, ii) about half of the patients lived in the rural countryside and ; iii) belong to low
101 and middle socio professional categories. Interestingly, the endemic parasitosis of
102 leishmaniasis that was recently suspected to trigger Brazilian endemic pemphigus is also
103 present on Guadeloupe Island [3]. Unfortunately we did not find any positive serological tests
104 for leishmaniasis. The second finding of our study, is that special clinical features (i.e.:
105 pustules with hypopyon) previously reported in African people from Mali, and from South
106 Africa suffering from autoimmune pemphigus were observed in our series of Guadeloupean
107 PV patients [8,9]. This point led to discuss the existence of clinical particularities of auto
108 immune pemphigus in African and Afro-Caribbean people.

109 **Conclusion**

110 On the island of Guadeloupe (French West Indies), autoimmune pemphigus seems to have
111 particular epidemiological and clinical features. These initial results prompted us to perform a
112 larger prospective study including patients from several islands of the West Indies .
113

114

115

115 **Acknowledgements**

116 The authors are grateful to:

117 -The Guadeloupean Society of Dermatology for its participation to the study.

118 - Richard Medeiros, for his help in editing the manuscript.

119

120 **References**

121 1. Meyer N, Misery L. Geoepidemiologic considerations of auto-immune pemphigus.

122 *Autoimmun Rev* 2010; 9: A379-82.

123 2. Ishii N, Maeyama Y, Karashima T, Nakama T, Kusuhara M, Yasumoto S,

124 Hashimoto T. A clinical study of patients with pemphigus vulgaris and pemphigus

125 foliaceus: a 11-year retrospective study (1996-2006). *Clin Exp Dermatol* 2008; 33:

126 641-3.

- 127 **3.** Diaz LA, Arteaga LA, Hilario-Vargas J, Valenzuela JG, Li N, Warren S, Aoki V,
128 Hans-Filho G et al. Anti-desmoglein-1 antibodies in onchocerciasis, leishmaniasis
129 and Chagas disease suggest a possible etiological link to fogo selvagem. *J Invest*
130 *Dermatol* 2004; 123: 1045-51.
- 131 **4.** Culton DA, Qian Y, Li N, Rubenstein D, Aoki V, Filho GH, Rivitti EA, Diaz LA.
132 Advances in pemphigus and its endemic pemphigus foliaceus (Fogo Selvagem)
133 phenotype: a paradigm of human autoimmunity. *J Autoimmun* 2008; 31: 311-24.
- 134 **5.** Risser J, Lewis K, Weinstock MA. Mortality of bullous skin disorders from 1979 th
135 rough 2002 in the United States. *Arch Dermatol* 2009; 145: 1005-8.
- 136 **6.** Thomas M, Paul C, Berard E, Fortenfant F, Mazereeuw-Hautier J, Livideanu C,
137 Viraben R, Meyer N. Incidence of auto-immune pemphigus in the Midi-Pyrénées
138 region in 2002-2006. *Dermatology* 2010; 220:97-102.
- 139 **7.** Bastuji-Garin S, Souissi R, Blum L, Turki H, Nouira R, Jomaa B, Zahaf A, Ben
140 Osman A, Mokhtar I, Fazaa B, Revuz J, Roujeau JC, Kamoun MR. Compararative
141 epidemiology of pemphigus between Tunisia and France: unusual incidence of
142 pemphigus foliaceus in young Tunisian women. *J Invest Dermatol* 1995; 104: 302-5.
- 143 **8.** Aboobaker J, Morar N, Ramdial PK, Hammond MG. Pemphigus in South Africa. *Int*
144 *J Dermatol* 2001; 40: 115-9.
- 145 **9.** Mahé A, Flageul B, Cissé I, Keita S, Bobin P. Pemphigus in Mali: a study of 30
146 cases. *Br J Dermatol* 1996; 134: 114-9.
- 147 **10.** Cabre P. Environmental changes and epidemiology of multiple sclerosis in the
148 French West Indies. *J Neurol Sci* 2009; 286 :58-61.
- 149
150 **11.** Fitzpatrick TB. The validity and practicality of sun-reactive skin types I through VI.
151 *Arch Dermatol*. 1988; 124(6): 869-71.

152 **12.** IARC: cancer incidence in five continents. Vol. VIII. International agency for
153 research on cancer scientific publications, Lyon, France, no7, 2007.

154 **13.** Atlas des populations immigrées en Guadeloupe - Insee - Edition 2006 - Septembre
155 2006.

156

157

158

159 **Legends:**

160 **Table 1:** Baseline characteristics of patients

161 **Figure 1:** Erosions and pustule with hypopyon in a patient with PV.

162 **Figure 2a/b:** histological examination of the pustule showing suprabasal

163 acantholysis; direct immunofluorescence showing epithelial cell surface staining

164 predominantly on the basal layers of the epidermis with IgG

165

166

167