

Autoimmune dermatoses in cats and dogs: *the* *pemphigus and* *pemphigoid complex*



Virginia-Maryland
College of
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8TH MAY, 2023



Outline

Pemphigus complex

PF PV

Pemphigoid complex

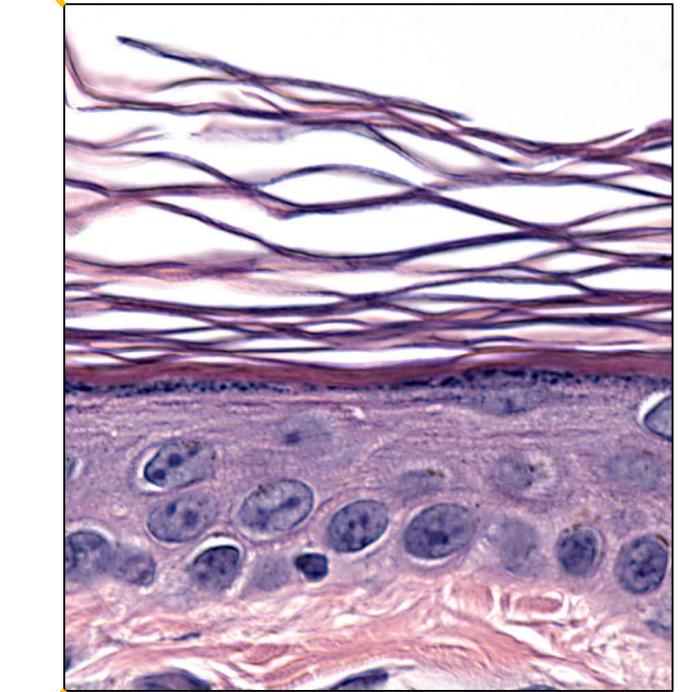
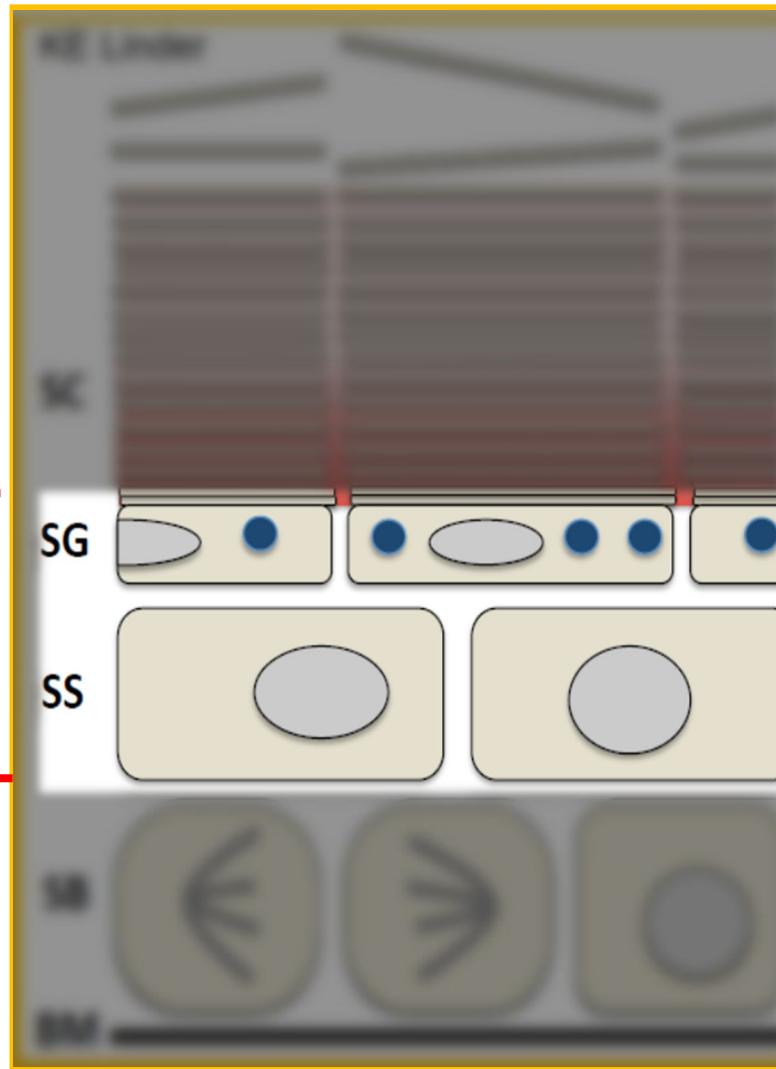
MMP EBA BP

- Etiology: autoantigen(s)
- Pathogenesis: mechanisms of acantholysis and blister formation
- Clincohistological features: highlights only
- Treatment and outcome: outline

Pemphigus complex

Localization of lesions

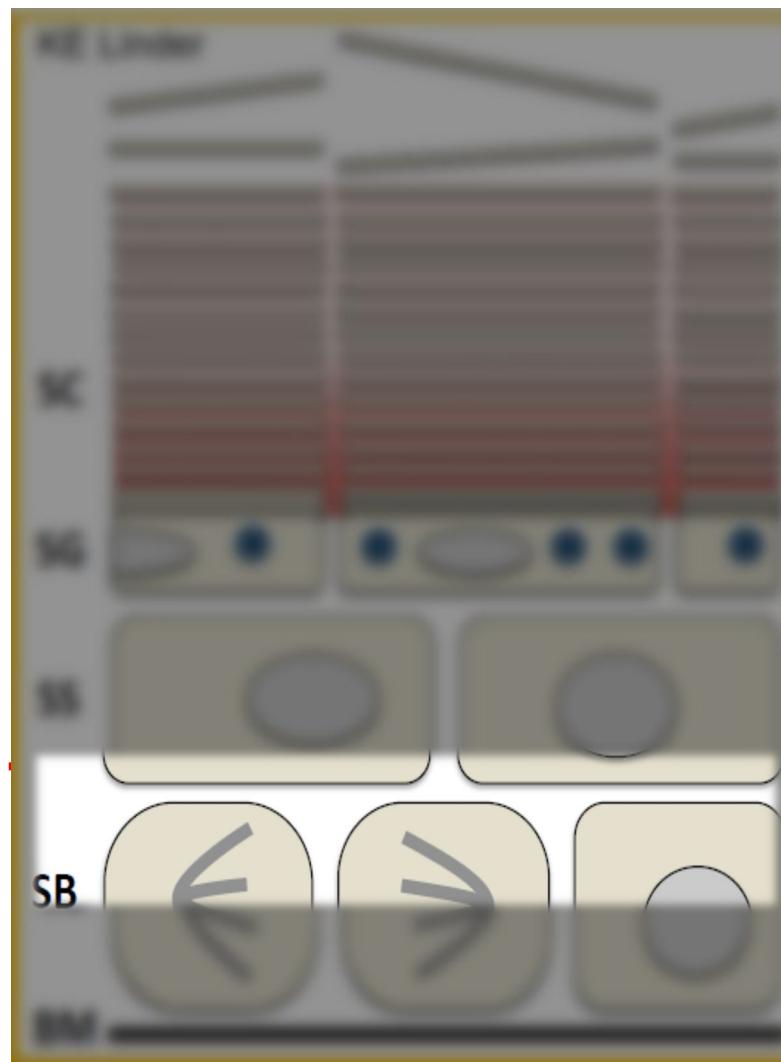
Pemphigus foliaceus



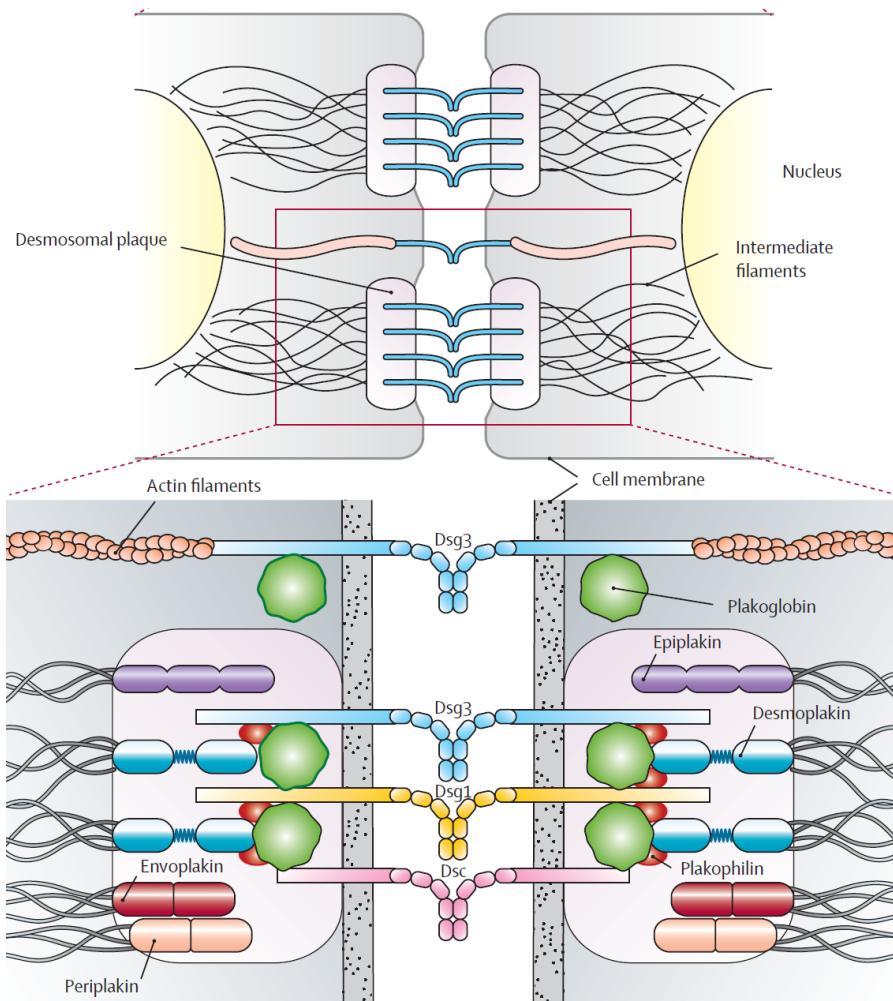
Pemphigus complex

Localization of lesions

Pemphigus vulgaris



Pemphigus foliaceus



Major autoantigen:

- Humans: DSG-1
- Dogs: DSC-1
- Cats:
 - molecular target is unknown yet
 - anti-keratinocyte IgG was detected in 23 of 30 cats with PF (Levy *et al*, Vet Dermatol 2020)

(Modified from Schmidt, Lancet 2019)



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Pemphigus foliaceus

Etiopathogenesis

- Spontaneous
- UV light – induction of flare (Olivry, *Vet Dermatol* 2006)

Pemphigus foliaceus

Drug-triggered/associated

Dogs

- Trimethoprim-sulfamethoxazole? (White, *Vet Dermatol* 2002, Noli, *Vet Q* 1995)
- Topical ketoconazole? (Sung, *Can Vet J* 2017)
- Insecticide-triggered:
 - Topical: Promeris[®], Certifect[®], Vectra3D[®]
 - Oral: Nexgard[®]

Pemphigus foliaceus

Drug-triggered/associated

Cats

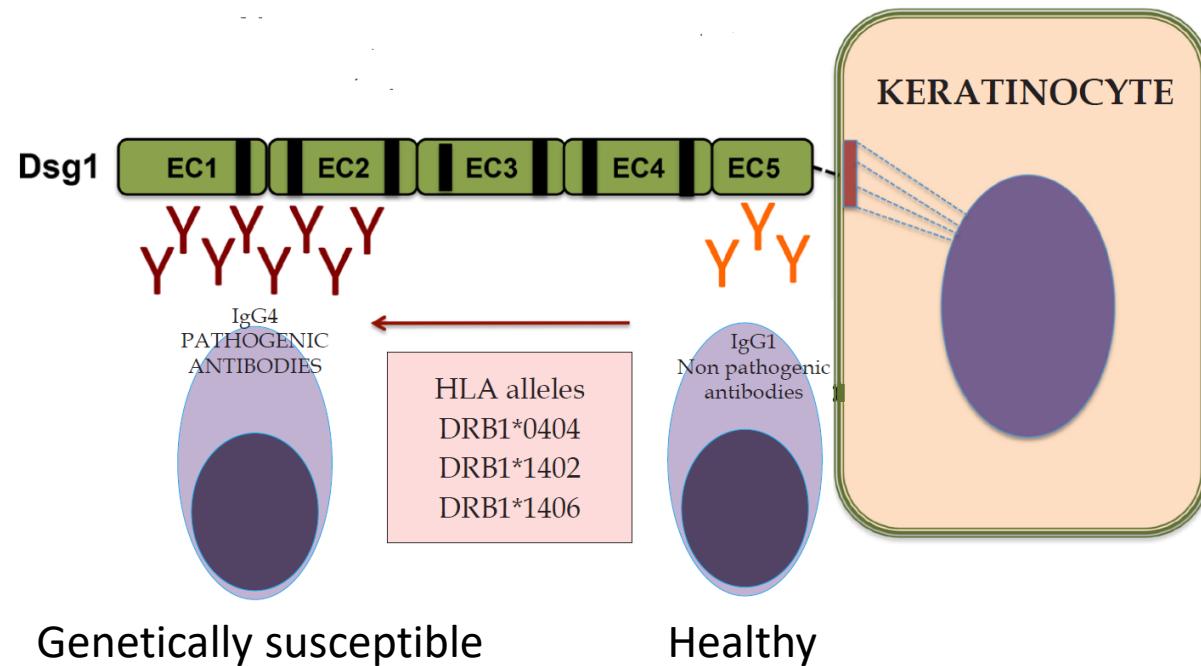
- Econazole/neomycin/triamcinolone/amoxicillin (Affolter, *Vet Dermatol* 1992)
- Itraconazole/lime sulfur (Preziosi, *Vet Dermatol* 2003)
- **Cimetidine (McEwan, JSAP 1987)**
- **Doxycycline (Prelaud, Point Vet 1991)**

ENDEMIC *Pemphigus foliaceus*

Etiopathogenesis

Fogo selvagem (Brazil)

- sand fly salivary antigen **LJM11**



Endemic PF in south Tunisia

- younger women living in poor localities
- high temperature, intense UV radiation, contact with ruminants, bacterial infections, and genetic susceptibility (Masmoudi, *J Leukoc Biol* 2019)

Human pemphigus foliaceus

Clinical features



Erythema, erosion and scaling

(Modified from Schmidt, Lancet 2019)

Fogo selvagem



(Modified from Hans-Filho, An Bras Dermatol 2018)

Canine pemphigus foliaceus

Clinical features



- Facial-dominant

Canine pemphigus foliaceus

Clinical features



- Facial-dominant
- Generalized

Canine pemphigus foliaceus

Clinical features



- Facial-dominant
- Generalized
- Foot pad-exclusive

Canine pemphigus foliaceus

Clinical features



- Facial-dominant
- Generalized
- Foot pad-exclusive
- **Trunk-dominant**

Trunk-dominant and classic facial pemphigus foliaceus in dogs – comparison of anti-desmocollin-1 and anti-desmoglein-1 autoantibodies and clinical presentations

Petra Bizikova¹  | Keith E. Linder²  | Lisa B. Mamo¹

2022

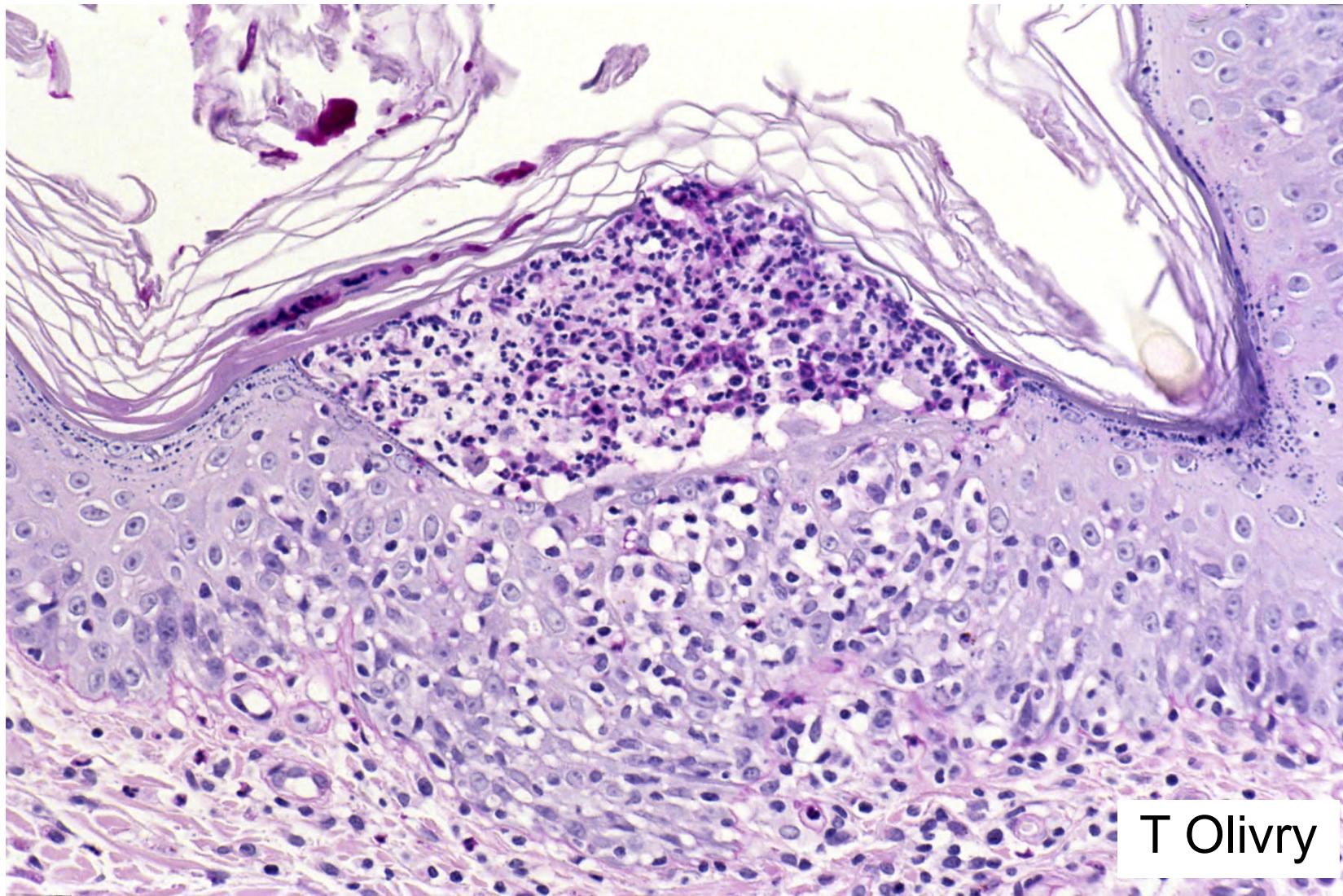
- Major autoantigen: DSC1 in trunk- and facial-dominant
- Ability to detect anti-DSC1 IgG lower in trunk-dominant (100% vs 58%)
- Negative detection of anti-DSC1 IgG **cannot** exclude PF
- Differentiation between pustular dermatophytosis and pyoderma (centrifugal expansion vs multiple foot pads, respectively)

Pustular dermatophytosis

Clinical features

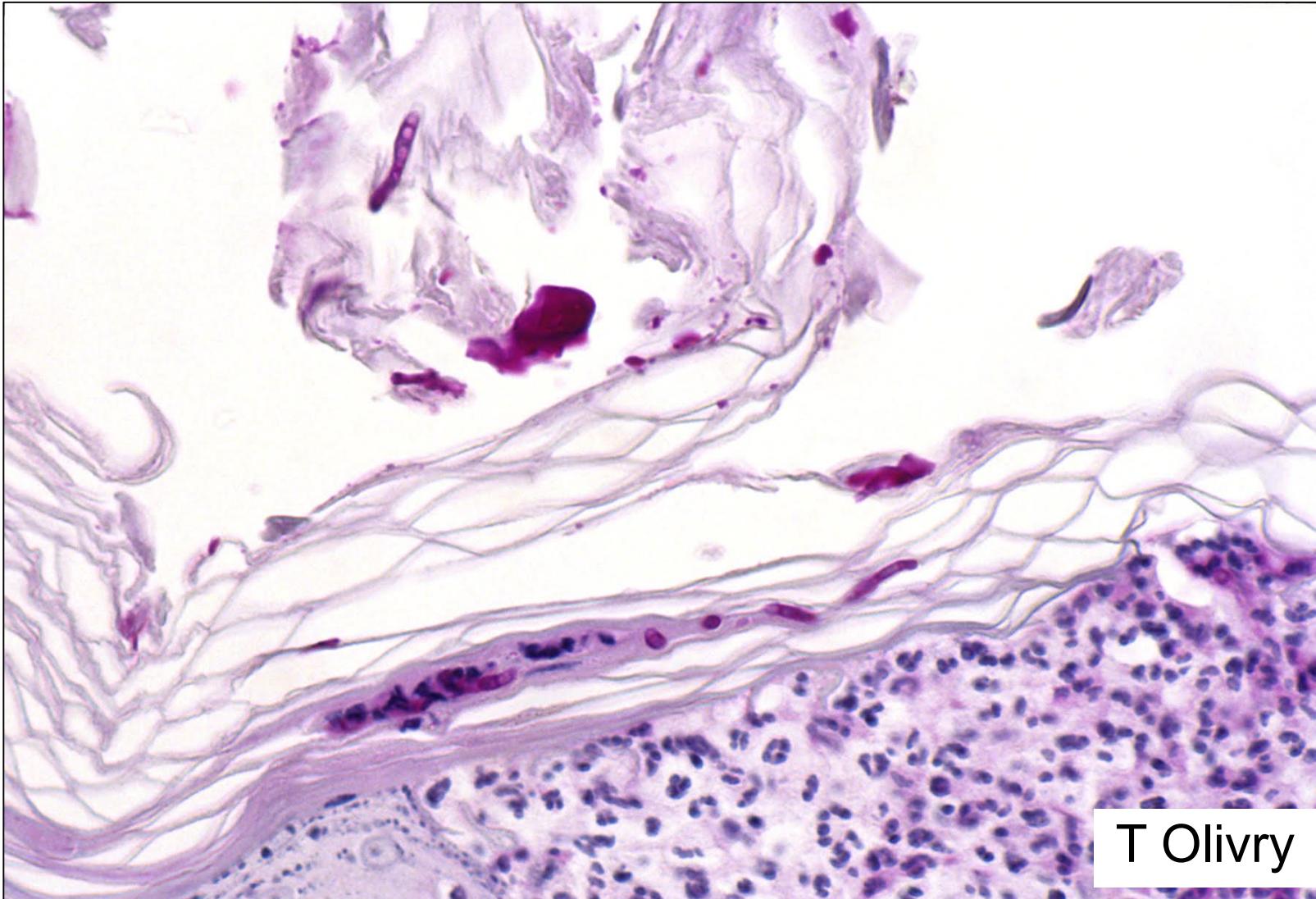


Histopathology



T Olivry

Pustular dermatophytosis: *Histopathology*



T Olivry

Feline pemphigus foliaceus

Clinical features



Compared to canine:

- **Claw folds-exclusive**
(14/122 cats, or 11%)
(Bizikova *BMC Vet Res*
2019)

Feline pemphigus foliaceus

Clinical features



Compared to canine:

- Claw folds-exclusive (11%)
- **Areolar/periareolar region**
(17/172 cats or 10%)
(Bizikova, *BMC Vet Res* 2019)

Canine pemphigus foliaceus

Treatment and outcome

- Conventional vs pulse therapy of oral glucocorticoid (GC)

Veterinary Dermatology

Vet Dermatol 2015; **26**: 354–e77

DOI: 10.1111/vde.12241

Oral glucocorticoid pulse therapy for induction of treatment of canine pemphigus foliaceus – a comparative study

Petra Bizikova*† and Thierry Olivry*†

Pulse therapy group:

- higher proportion of dogs achieving CR in the first 3 months
- a lower average of maximal oral GC
- minimal adverse effect when compared to 20 dogs that received the conventional dose

Canine pemphigus foliaceus

Treatment and outcome

- Conventional vs pulse therapy of oral GC
- Immunosuppressant: Azathioprine (AZA), cyclosporine (CsA), mycophenolate mofetil (MMF)
- Adjunct immunomodulatory drugs:
 - **Tetracycline-niacinamide** (White, JAVMA 1992: **1/8** dogs improved and Mueller, JAAHA 2006: **1/8** dogs benefited)
 - **Polysulfated glycosaminoglycans** (Simpson, JAAHA 2019):
- IVIG (Rahilly et al, JVIM, 2006) – 11 doses in total
- Bruton's tyrosine kinase inhibitor (BTKi)??

Feline pemphigus foliaceus

Treatment and outcome

	Jordan, Vet Dermatol 2019	Bizikova, BMC Vet Res 2019
Oral glucocorticoid (GC) pulse vs conventional therapy	N/A	No apparent benefit
Most common drug used when clinical remission (CR) achieved	GC monotherapy (70%)	GC monotherapy (52%)
Complete remission with cyclosporine monotherapy	0	2%
GC + cyclosporine: time-to-CR	N/A	37 days (median) (n=140)
GC + chlorambucil: time-to-CR	N/A	32 days (median) (n=140)

Vet Dermatol 2021; **32**: 299–301

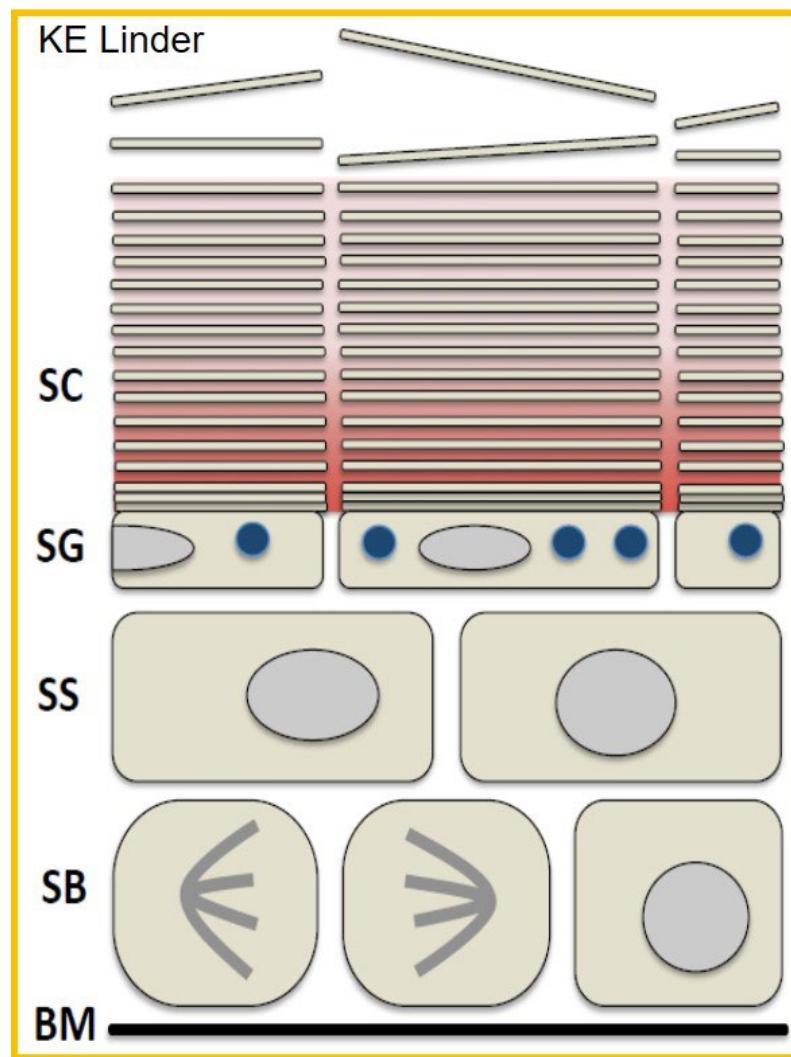
DOI: 10.1111/vde.12949

Beneficial effect of oclacitinib in a case of feline pemphigus foliaceus

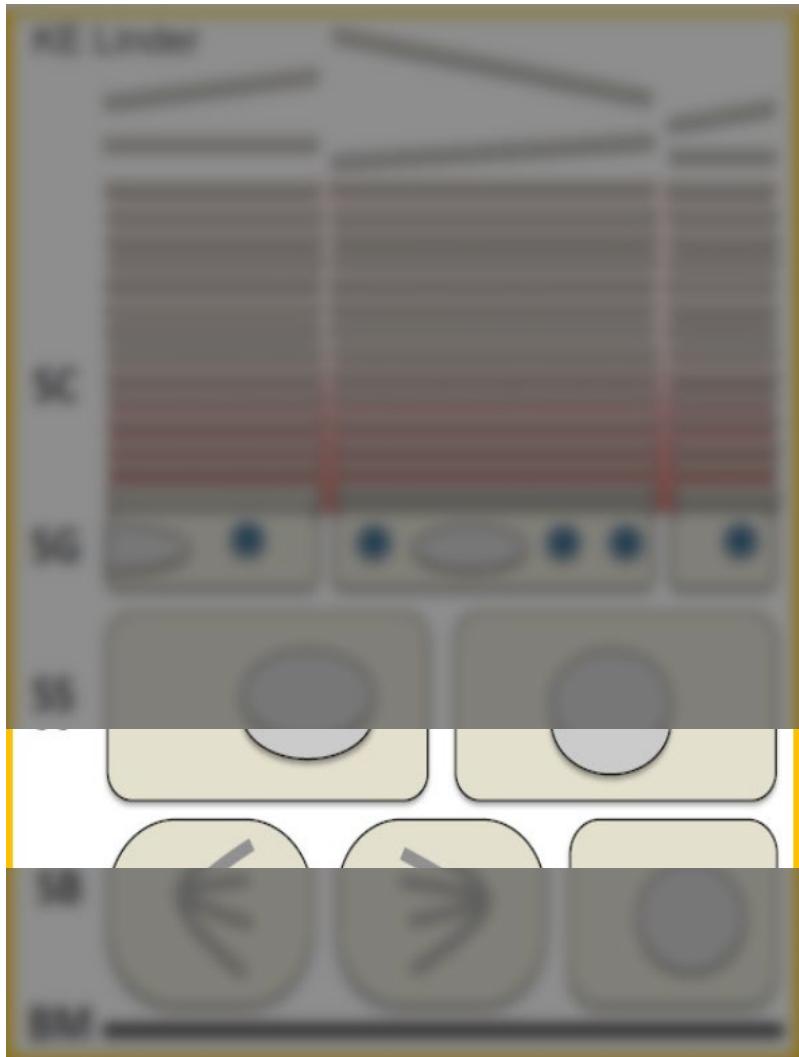
Isaac Carrasco* , Marta Martínez* and Gloria Albinyana†

- Oclacitinib 1mg/kg twice daily (BID)
- After 7 days: >50% decreased in pruritus and skin lesions
- Improvement maintained for up to 6 weeks on 0.5mg/kg BID

Pemphigus vulgaris



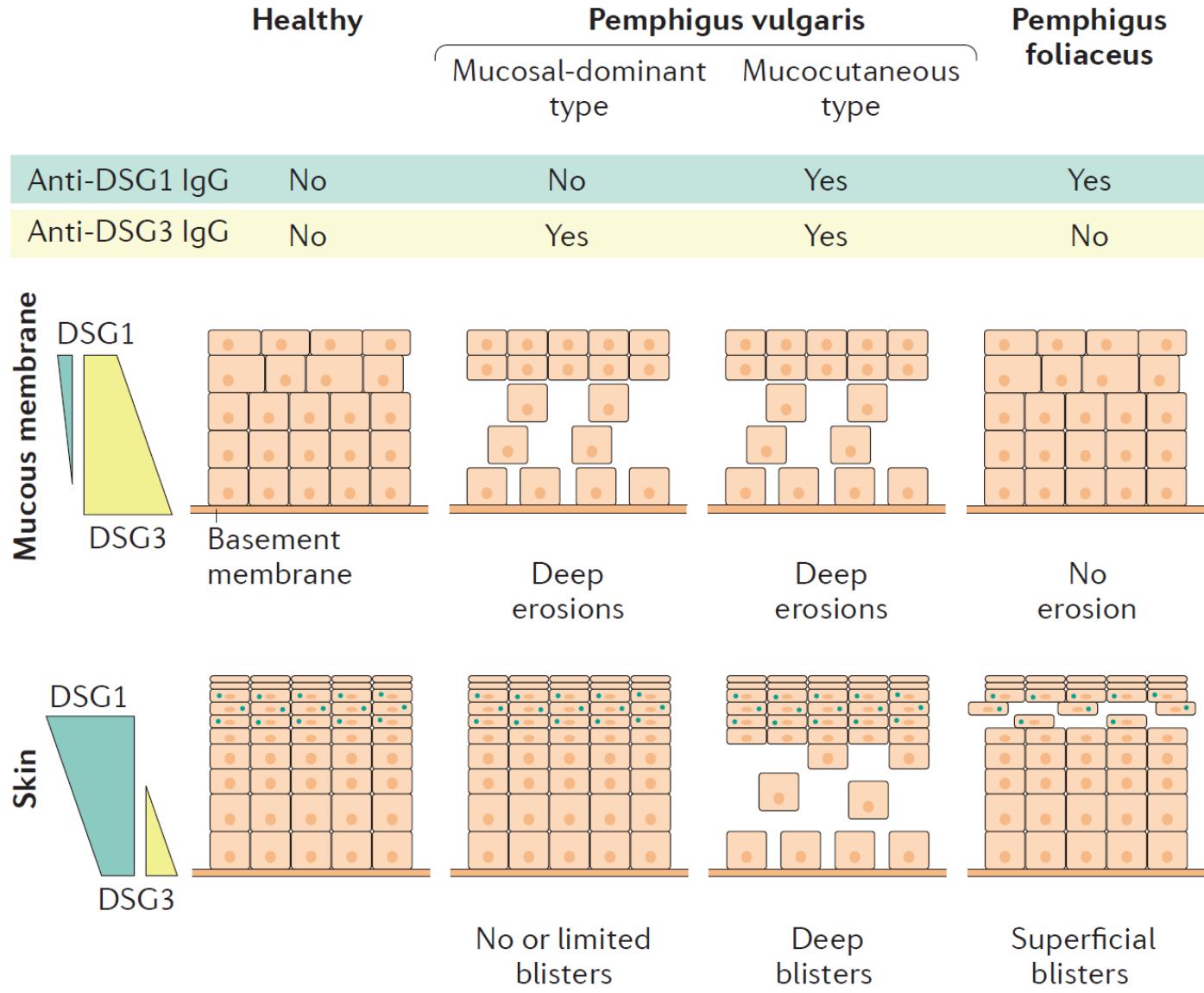
Pemphigus vulgaris



Major autoantigen:

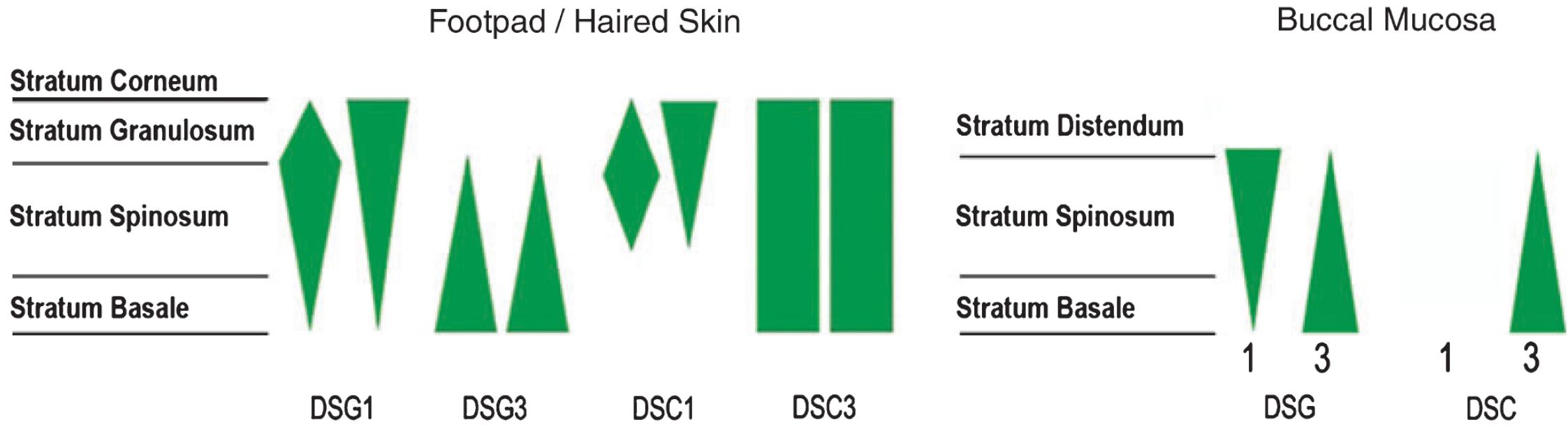
- Humans: DSG-3 +/- DSG-1
- Dogs: DSG-3 (Olivry, *Exp Dermatol* 2003)
- Cats: unknown

Distribution and expression of DSG1 and DSG3: human skin vs mucous membrane



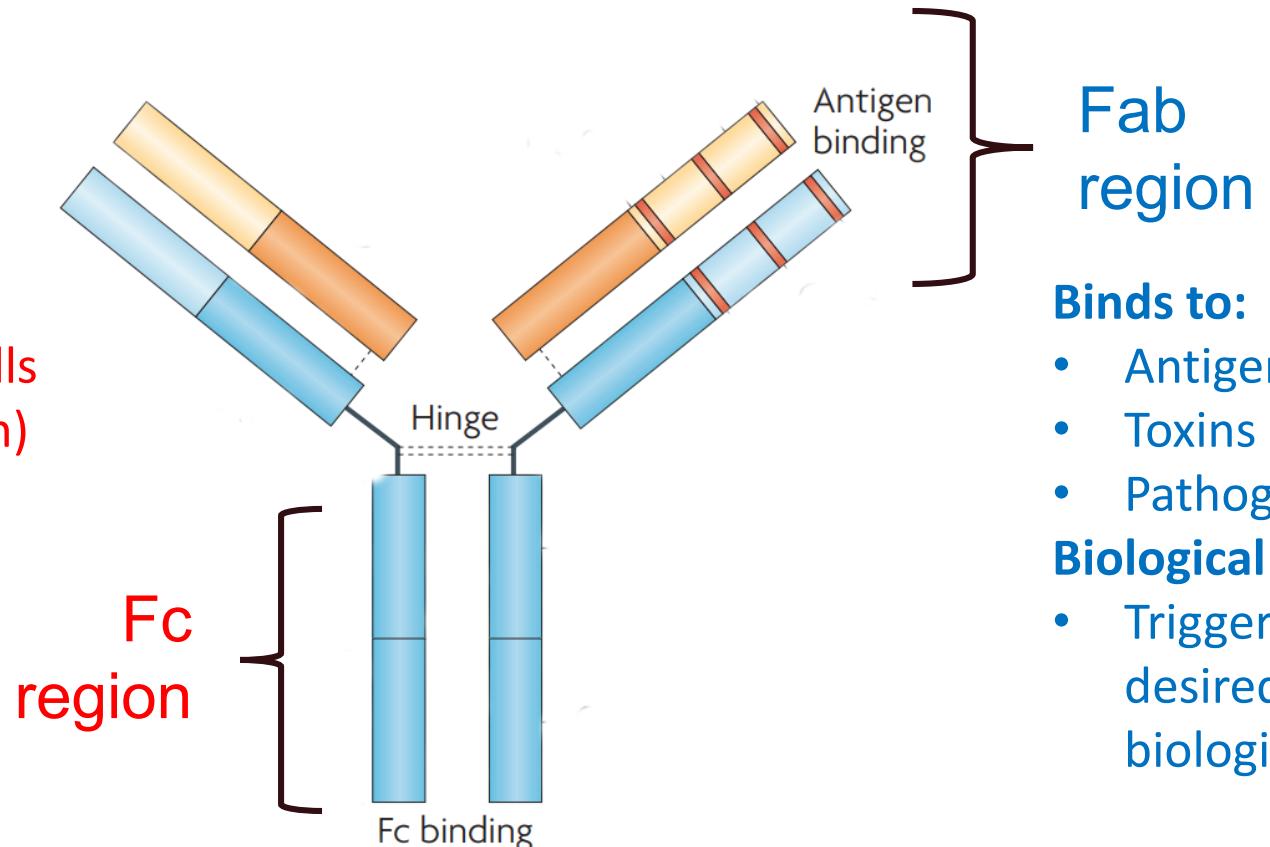
(Modified from Kasperkiewicz et al, Nat Rev 2017)

Distribution and expression of DSG1 and DSG3: canine footpad vs skin vs buccal mucosa



(Modified from Bizikova et al, Vet Dermatol 2010)

Antibodies and mechanism of acantholysis



Binds to:

- Fcγ receptors on immune cells
- Neonatal Fcγ receptors (FcRn)
- C1q component of complement system

Biological activity:

- Antibody-dependent cell cytotoxicity (ADCC)
- Complement-dependent cytotoxicity (CDC)
- Antibody-dependent cell-mediated phagocytosis

Fab region

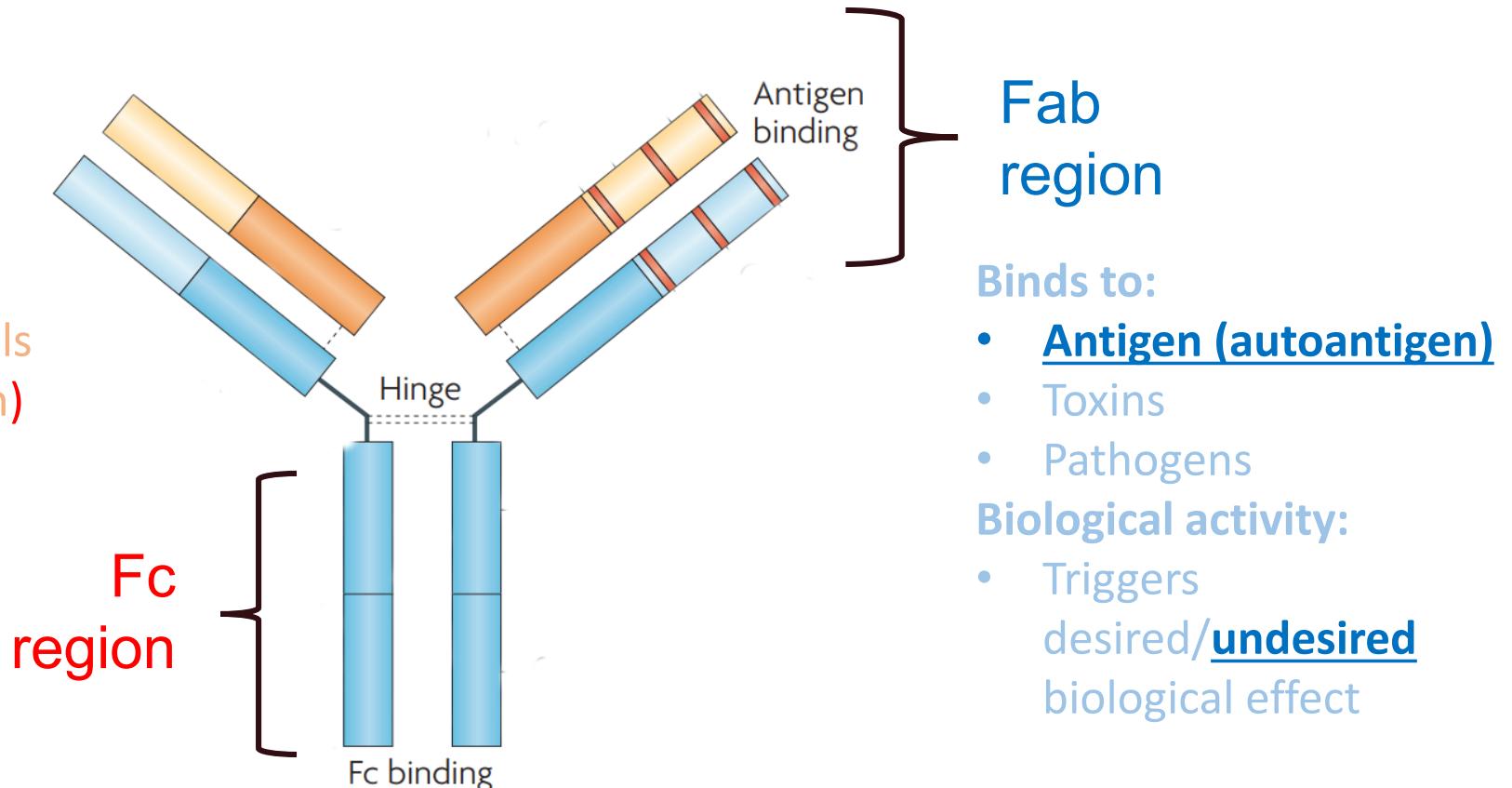
Binds to:

- Antigen (autoantigen)
- Toxins
- Pathogens

Biological activity:

- Triggers desired/undesired biological effect

Antibodies and mechanism of acantholysis

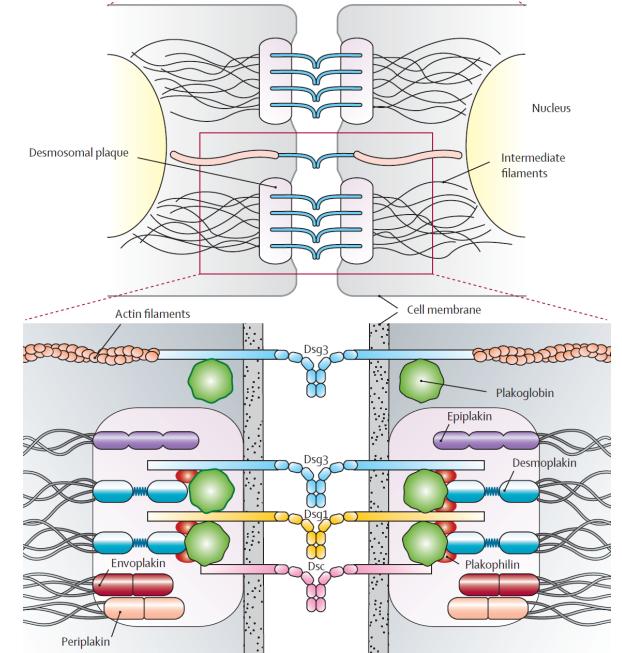


Mechanism of acantholysis in human PV

Steric hindrance

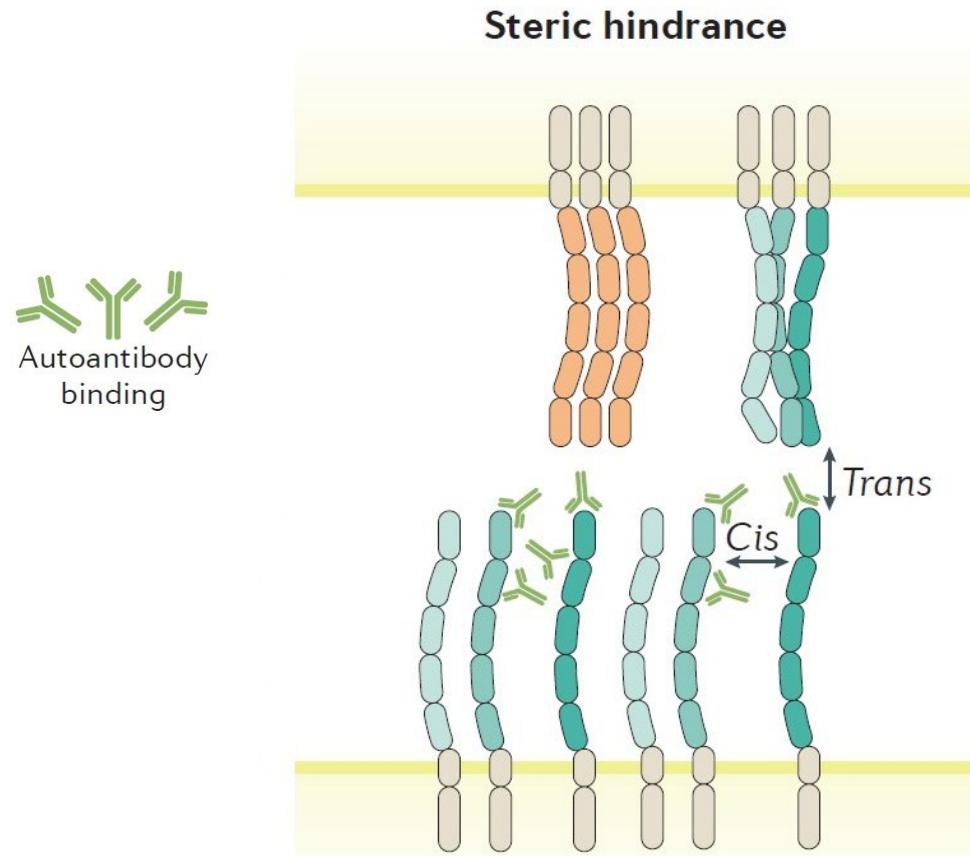
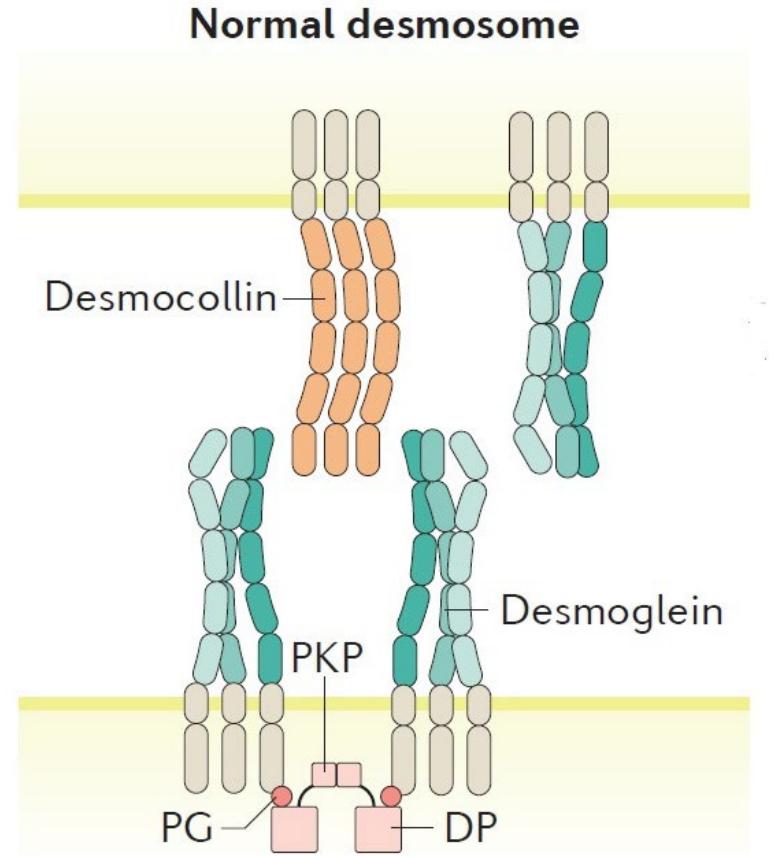
Desmoglein internalization and depletion

Signaling pathway interfering with cell adhesion



Mechanism of acantholysis in human PV

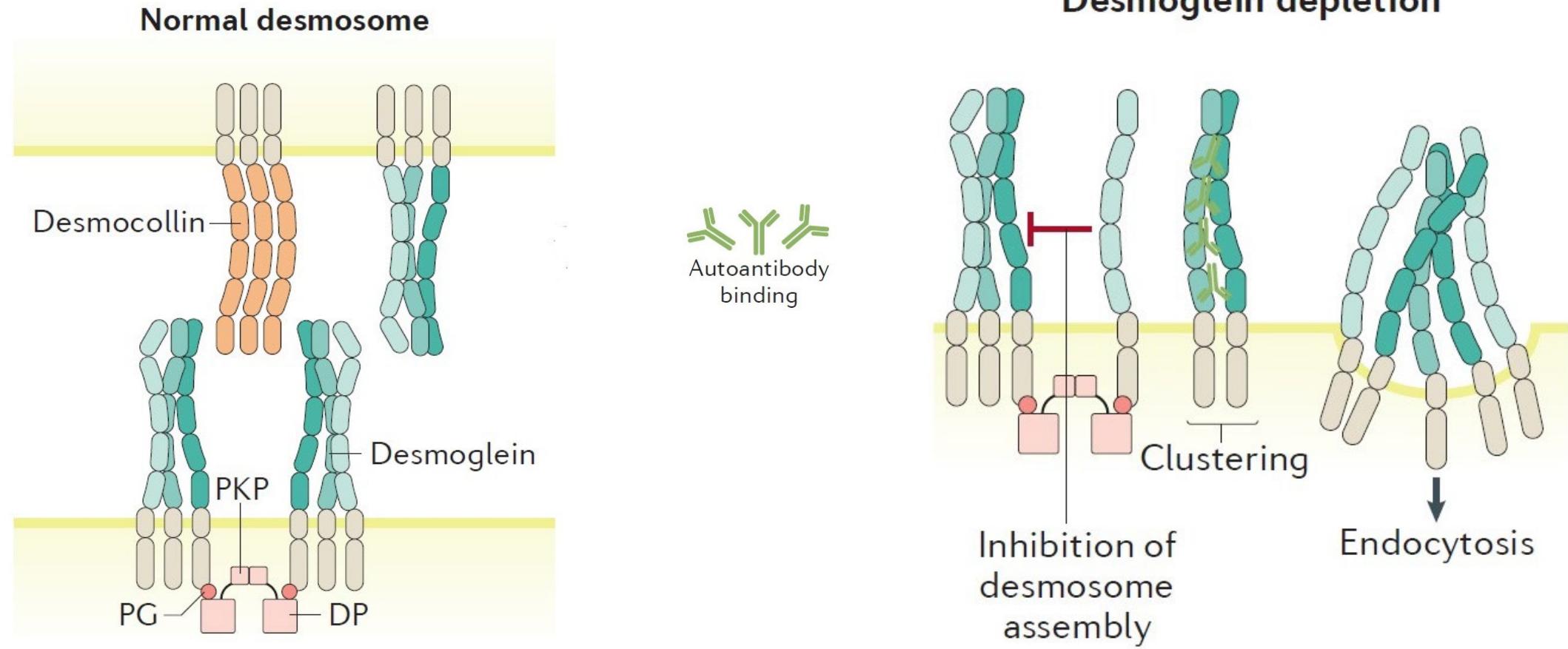
Steric hindrance



(Modified from Kasperkiewicz et al, Nat Rev 2017)

Mechanism of acantholysis in human PV

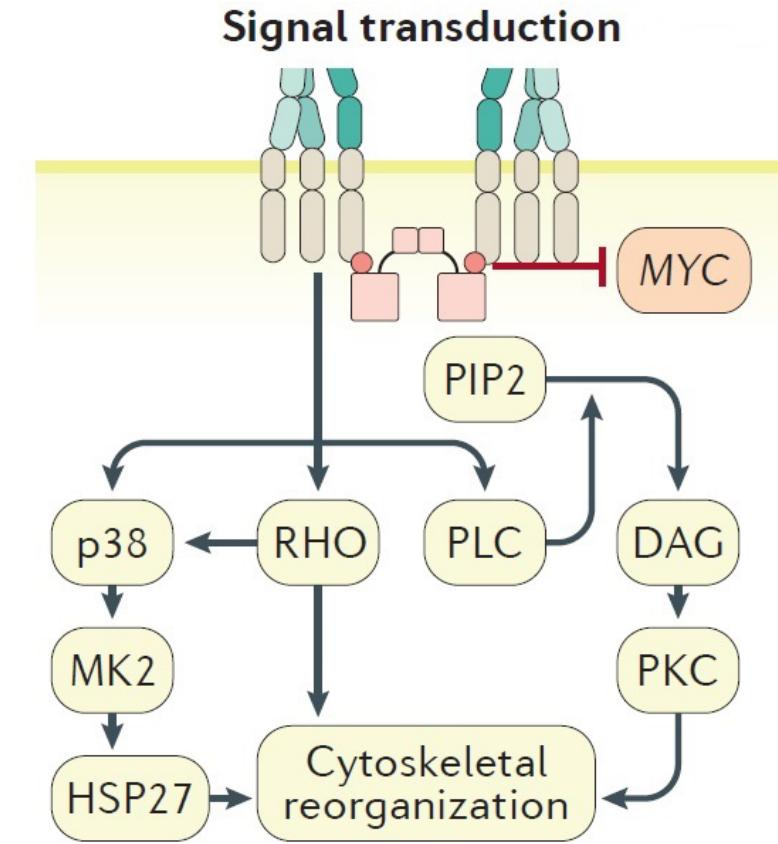
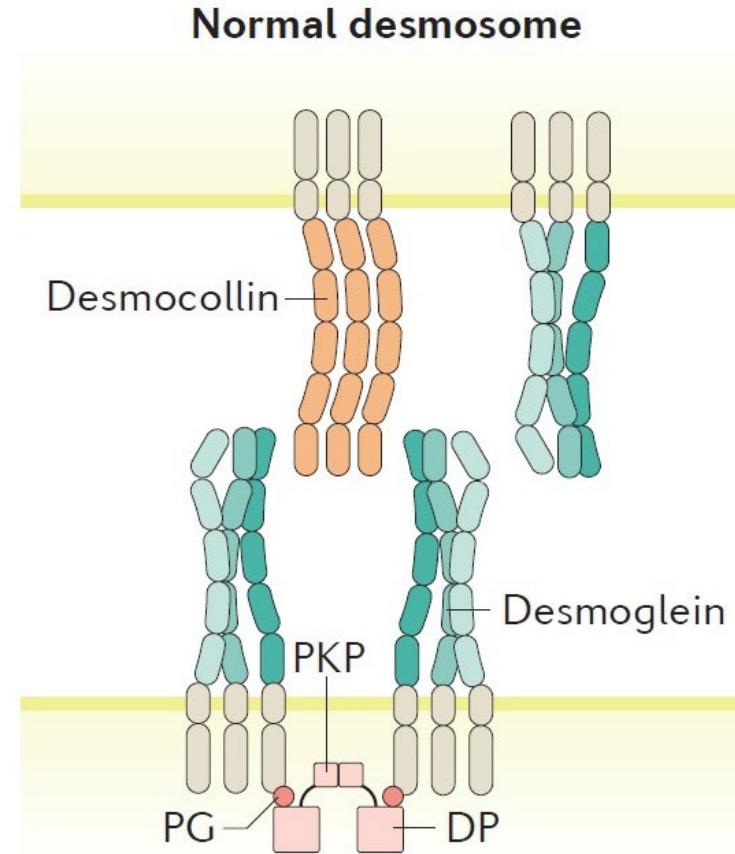
Desmoglein depletion



(Modified from Kasperkiewicz et al, Nat Rev 2017)

Mechanism of acantholysis in human PV

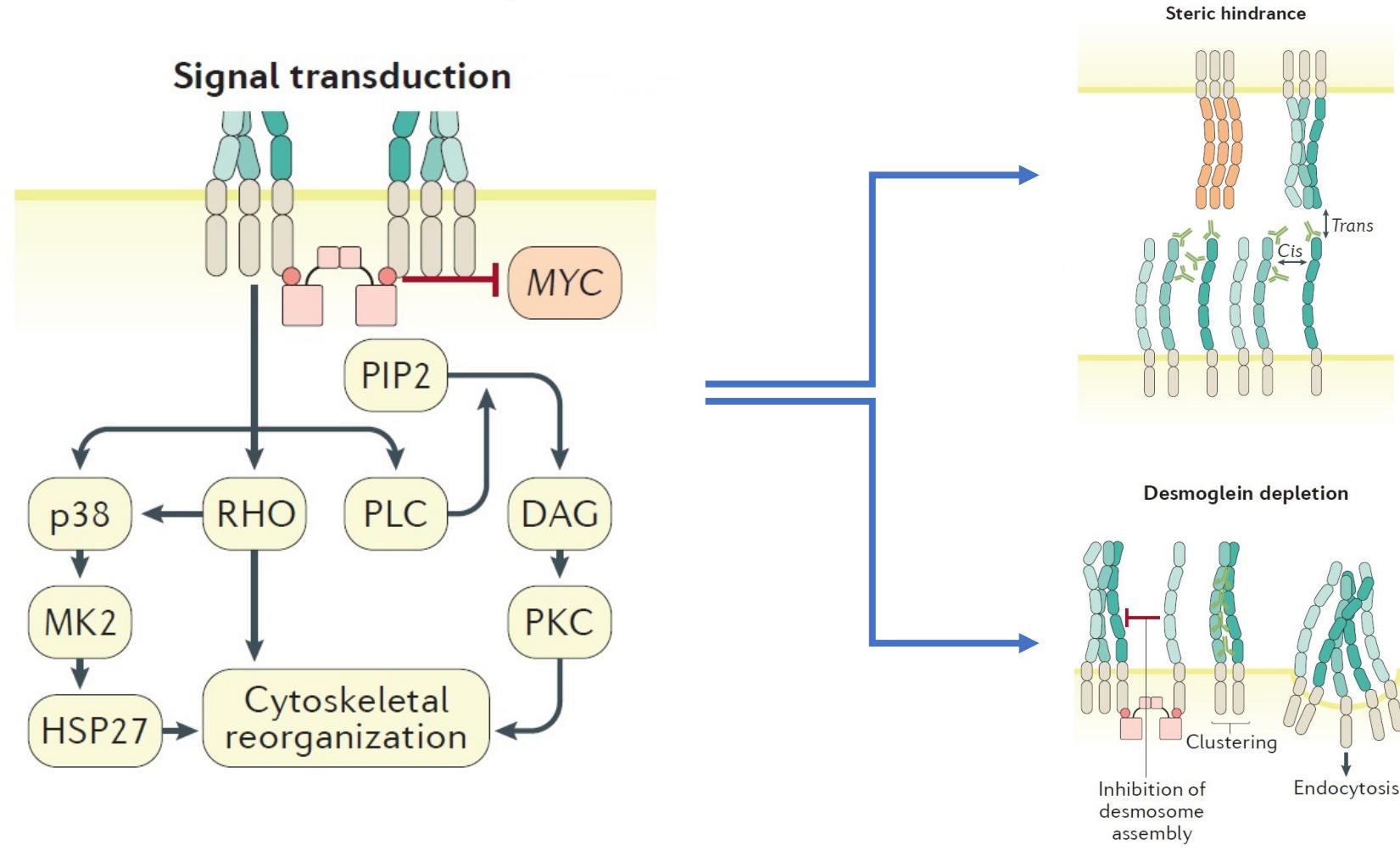
Signal transduction



(Modified from Kasperkiewicz et al, Nat Rev 2017)

Mechanism of acantholysis in human PV

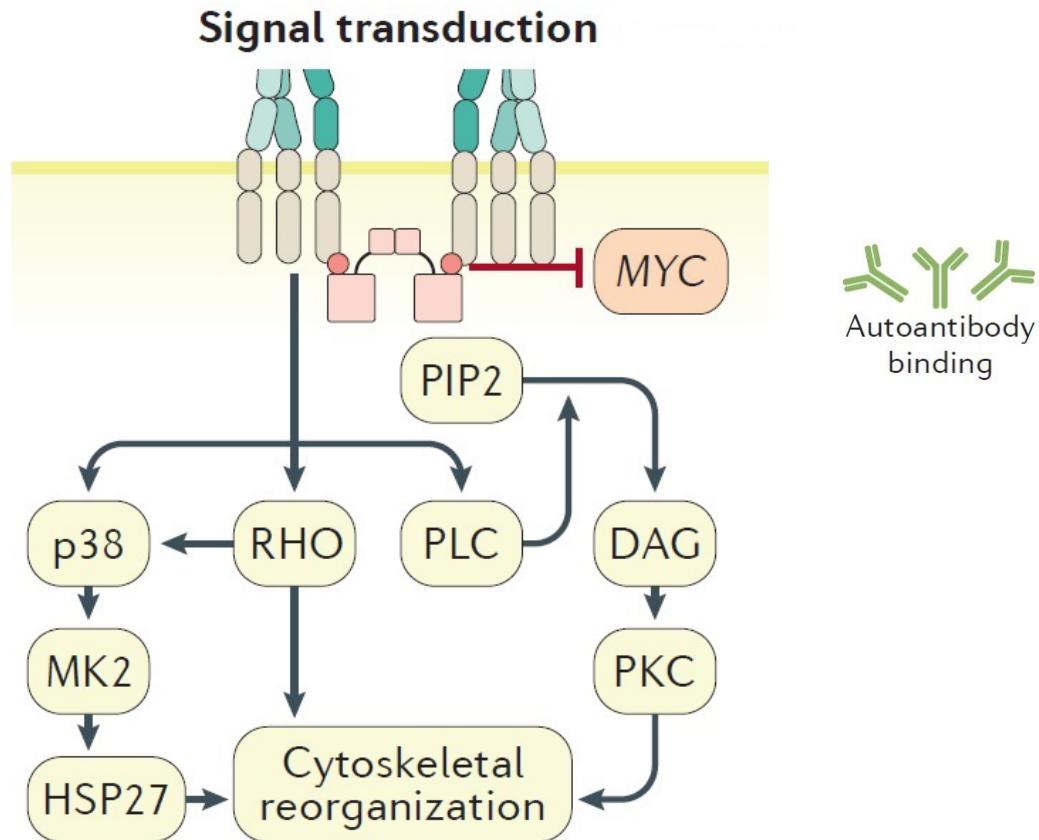
Signal transduction



(Modified from Kasperkiewicz et al, Nat Rev 2017)

C-Myc in canine PV

Signal transduction



- C-Myc: proto-oncogene that induces proliferation, transformation and apoptosis
- c-Myc is overexpressed in dogs with PV (Williamson et al, *Vet Dermatol* 2007)
- Overexpression of c-Myc interferes with signaling cascade involved in DSG-3 expression

(Modified from Kasperkiewicz et al, Nat Rev 2017)

Canine pemphigus vulgaris

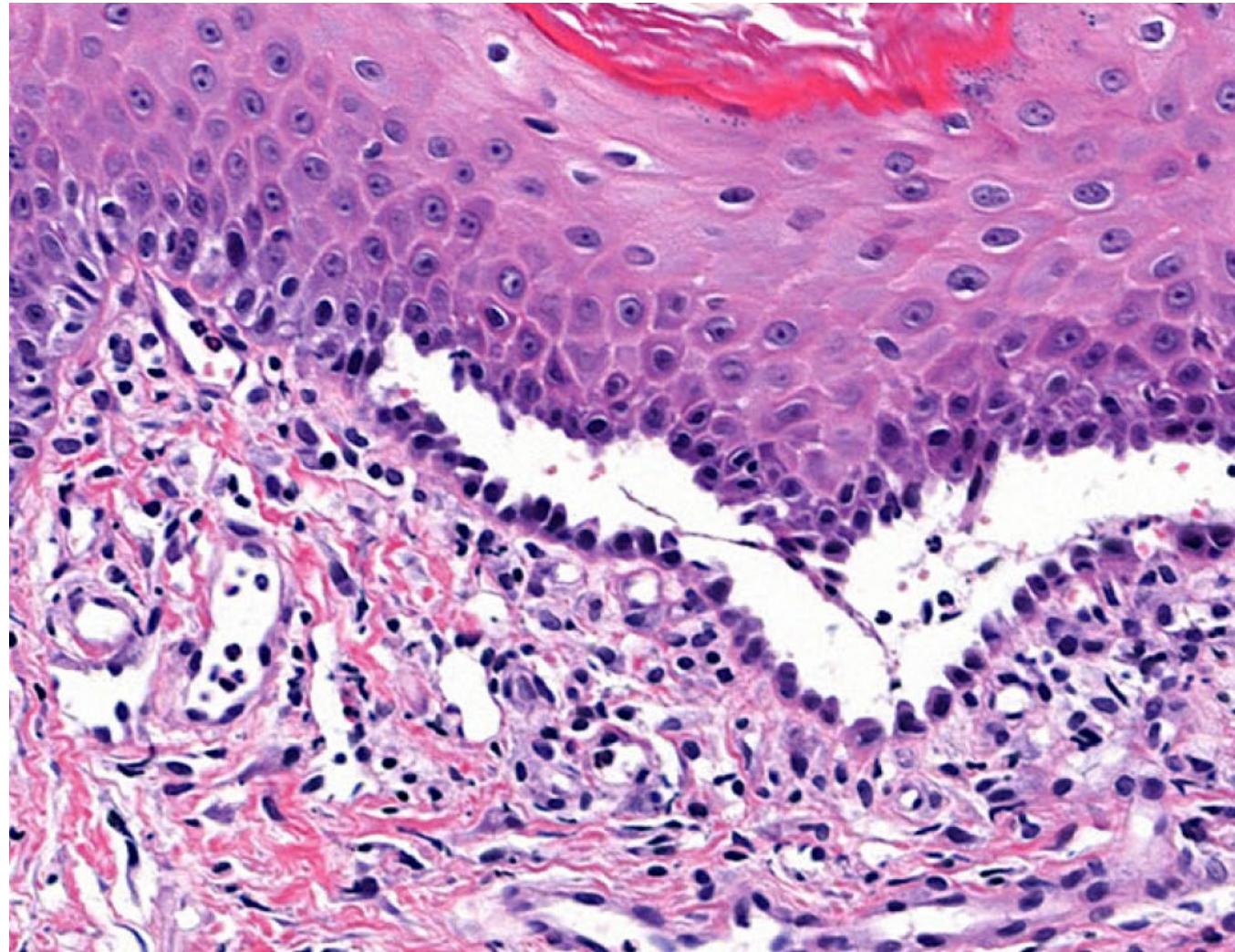
Clinical features



- **Nails-exclusive involvement (sloughing) reported in 2 dogs (Scott, JAAHA 1982 and Carlotti, PMCAC 2000)**
- **Foot pad-only involvement reported in 1 dog (Carlotti, PMCAC 2000)**

(Modified from Tham et al, *BMC Vet Res* 2020)

Canine and feline PV: Histopathology



(Modified from Tham et al, BMC Vet Res 2020)

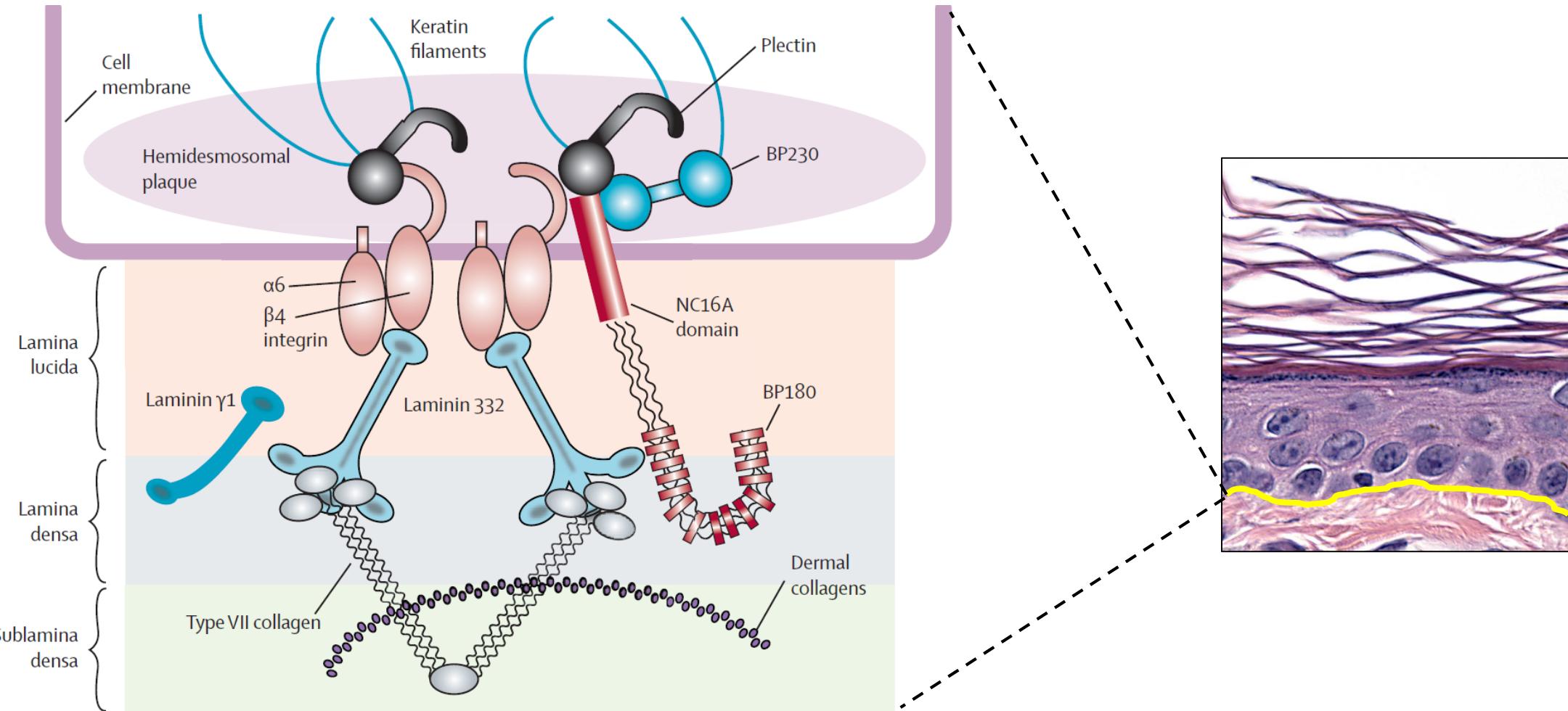
Canine pemphigus vulgaris

Treatment and outcome

- Drugs reported to be effective: GC, AZA, CsA, heparin, doxycycline, and oclacitinib
- GC + AZA: most common combination therapy at complete remission (Tham, *BMC Vet Res*, 2020)
- Oclacitinib (0.5mg/kg BID): complete remission (CR) in 6 weeks (Martinez, *Vet Dermatol* 2022)

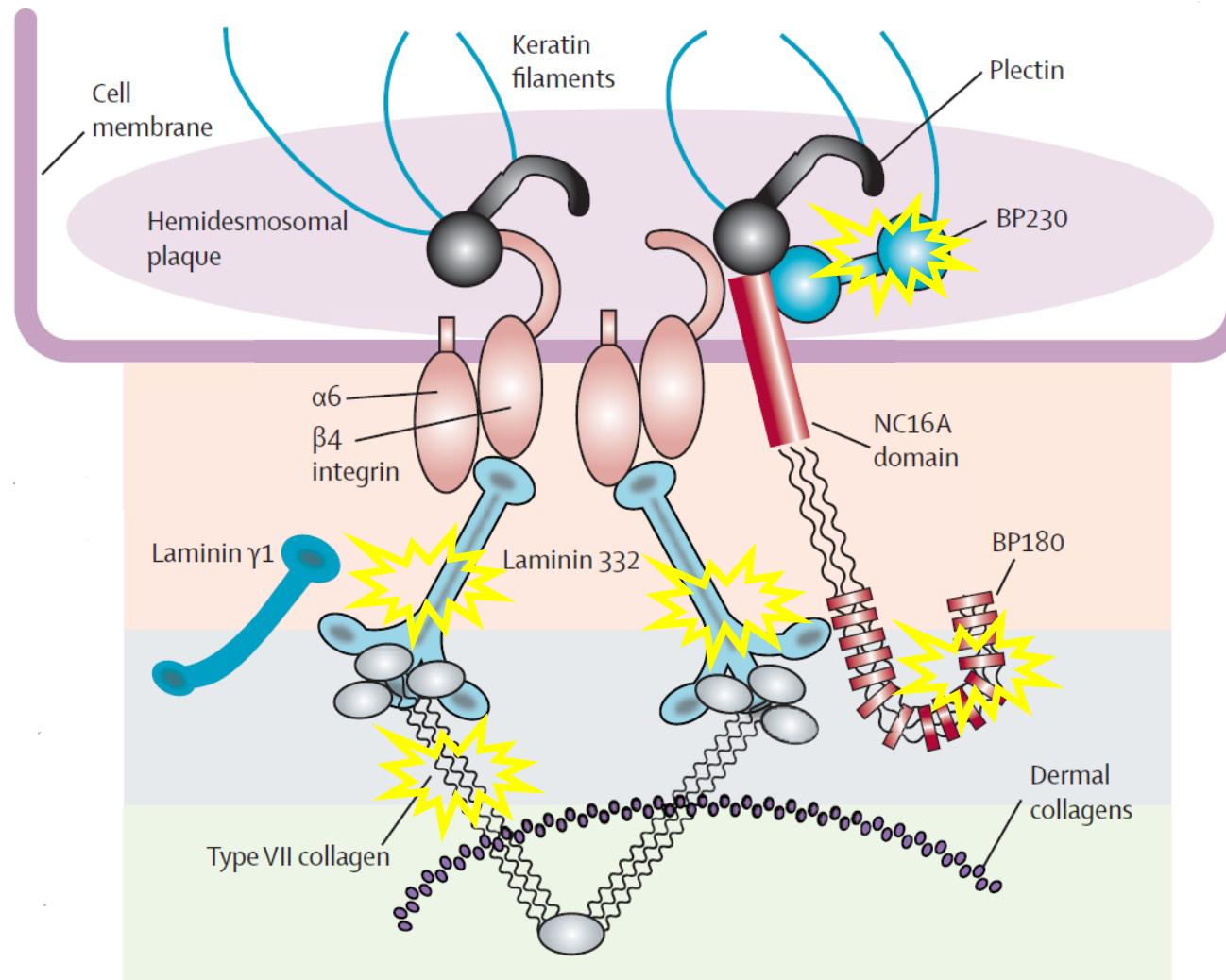
The pemphigoid complex

Localization of lesions



(Modified from Schmidt, Lancet 2013)

The pemphigoid complex

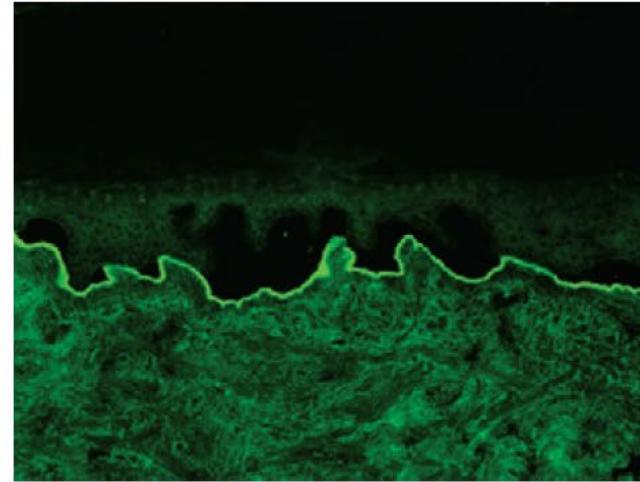
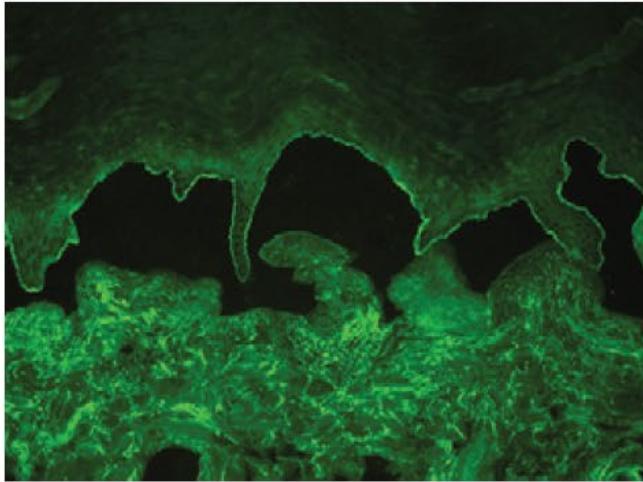


(Modified from Schmidt, Lancet 2013)

Human pemphigoid complex: Target antigens

Bullous pemphigoid
Mucous membrane pemphigoid
Pemphigoid gestationis
Linear IgA disease
Lichen ruber pemphigoides

BP180 $\alpha 6 \beta 4$ integrin
BP230



Mucous membrane pemphigoid
Laminin 332
Anti-p200 pemphigoid
Laminin $\gamma 1$
Epidermolysis bullosa
acquisita
Type VII collagen

(Modified from Schmidt, Lancet 2013)

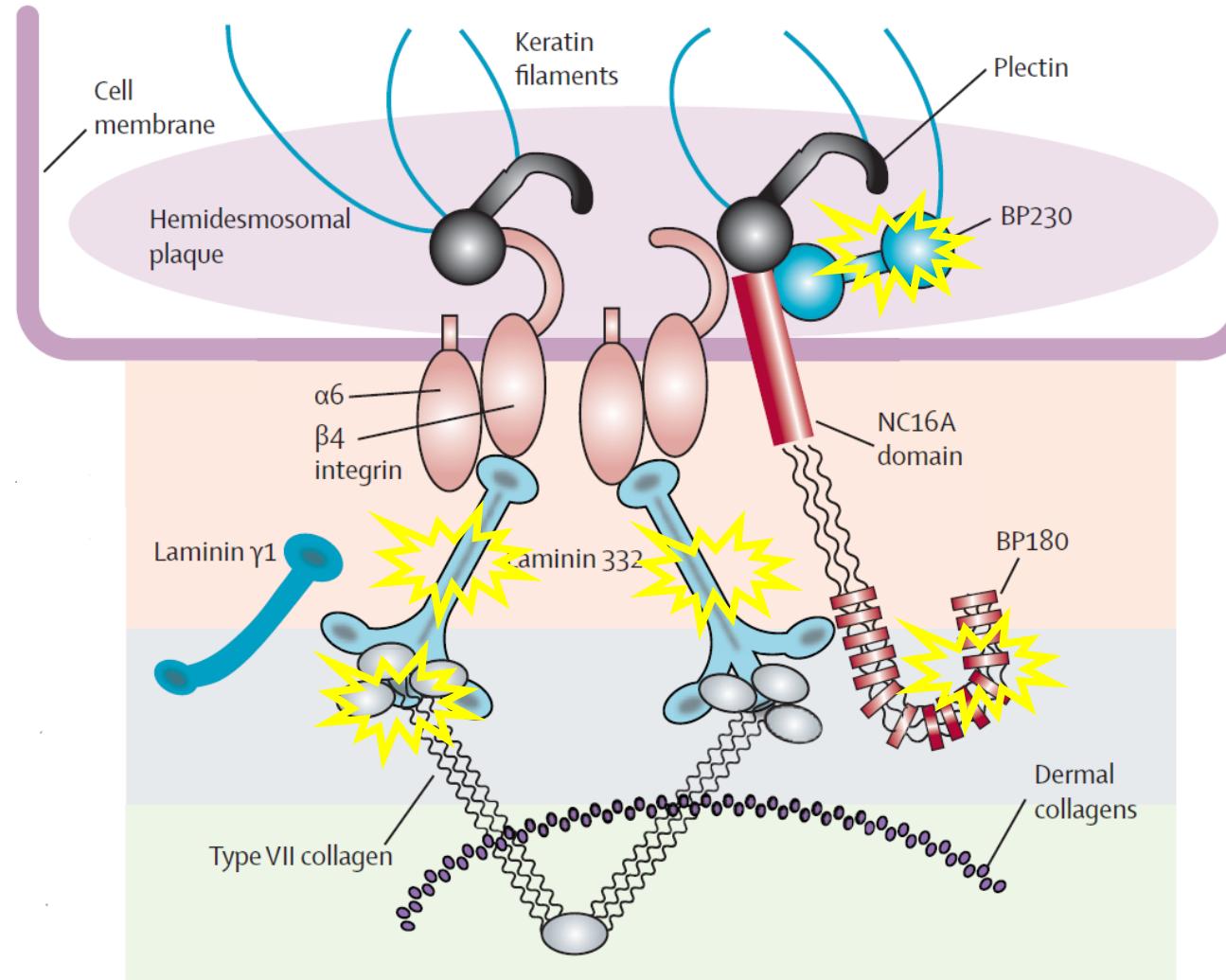
Canine autoimmune subepidermal blistering dermatoses (AISBD)

Disease name (alphabetically)	Bullous pemphigoid	Epidermolysis bullosa acquisita	Junctional epidermolysis bullosa acquisita	Linear IgA disease	Mixed autoimmune subepidermal blistering dermatosis	Mucous membrane pemphigoid	Pemphigoid of gestation	Type I bullous systemic lupus erythematosus
Disease abbreviation	BP	EBA	JEBA	LAD	MAISBD	MMP	PG	BSLE-I
Percentage of dogs with AISBD (<i>n</i> = 77)	10	26	6	3	4	48	1	1
Rank among canine AISBDs	3	2	4	6	5	1	7	7
Percentage of humans with AISBD (<i>n</i> = 100)	69	2	n.d.	5	n.d.	12	4	2
Rank among human AISBDs	1	5	n.d.	3	n.d.	2	4	5
Major antigen	COL17	COL7	n.d.	n.d.	n.d.	COL17	n.d.	n.d.
Minor antigens	BPAG1e	n.d.	L332	COL17 (secreted)	COL7 and L332	L332, BPAG1e	Presumed COL17	COL7 and nuclear antigens

(Olivry, Vet Dermatol 2014)

The canine pemphigoid complex

EBA
(Type VII
collagen)

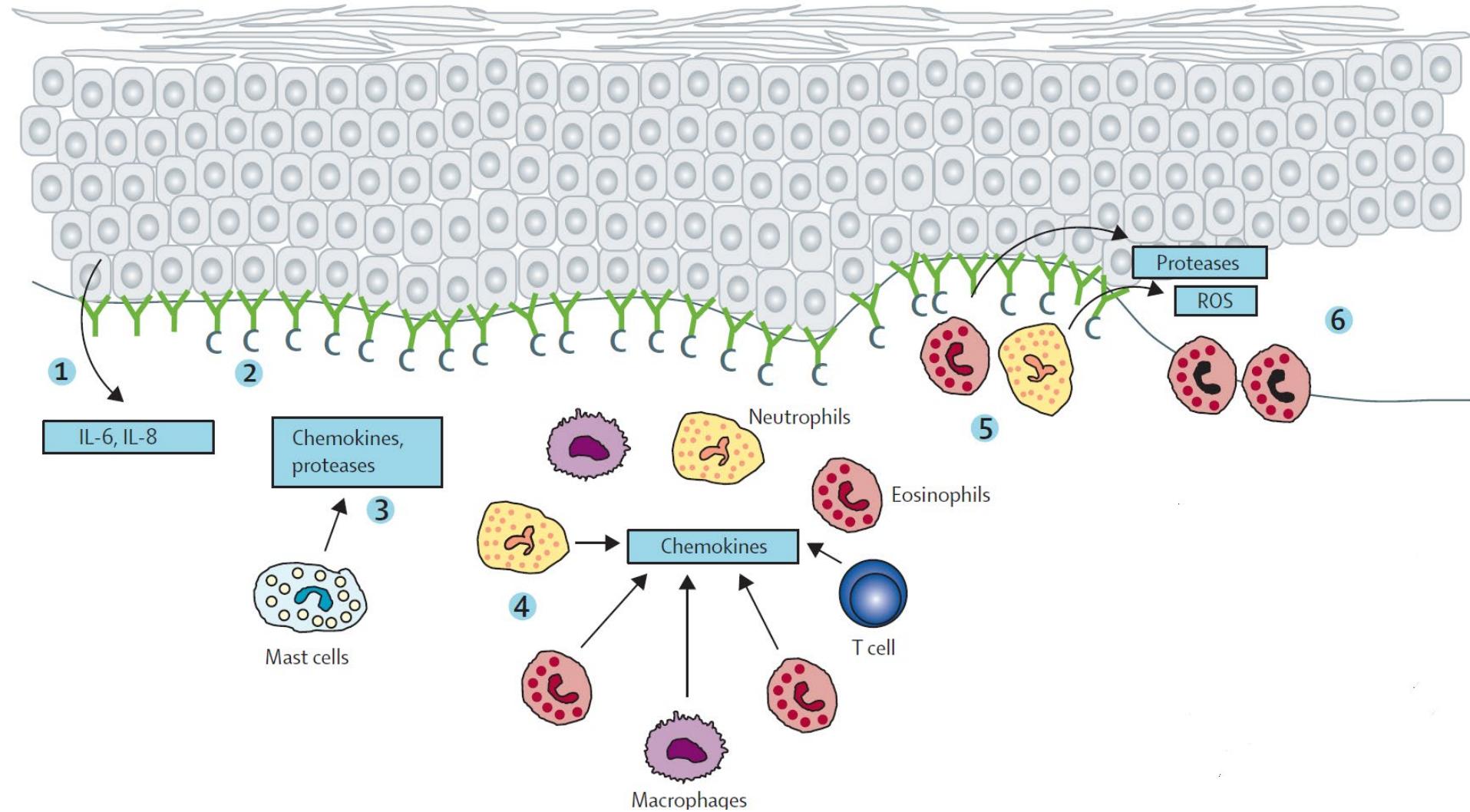


BP
(BP180, BP230)

MMP
(BP180, BP230
and Laminin 332)

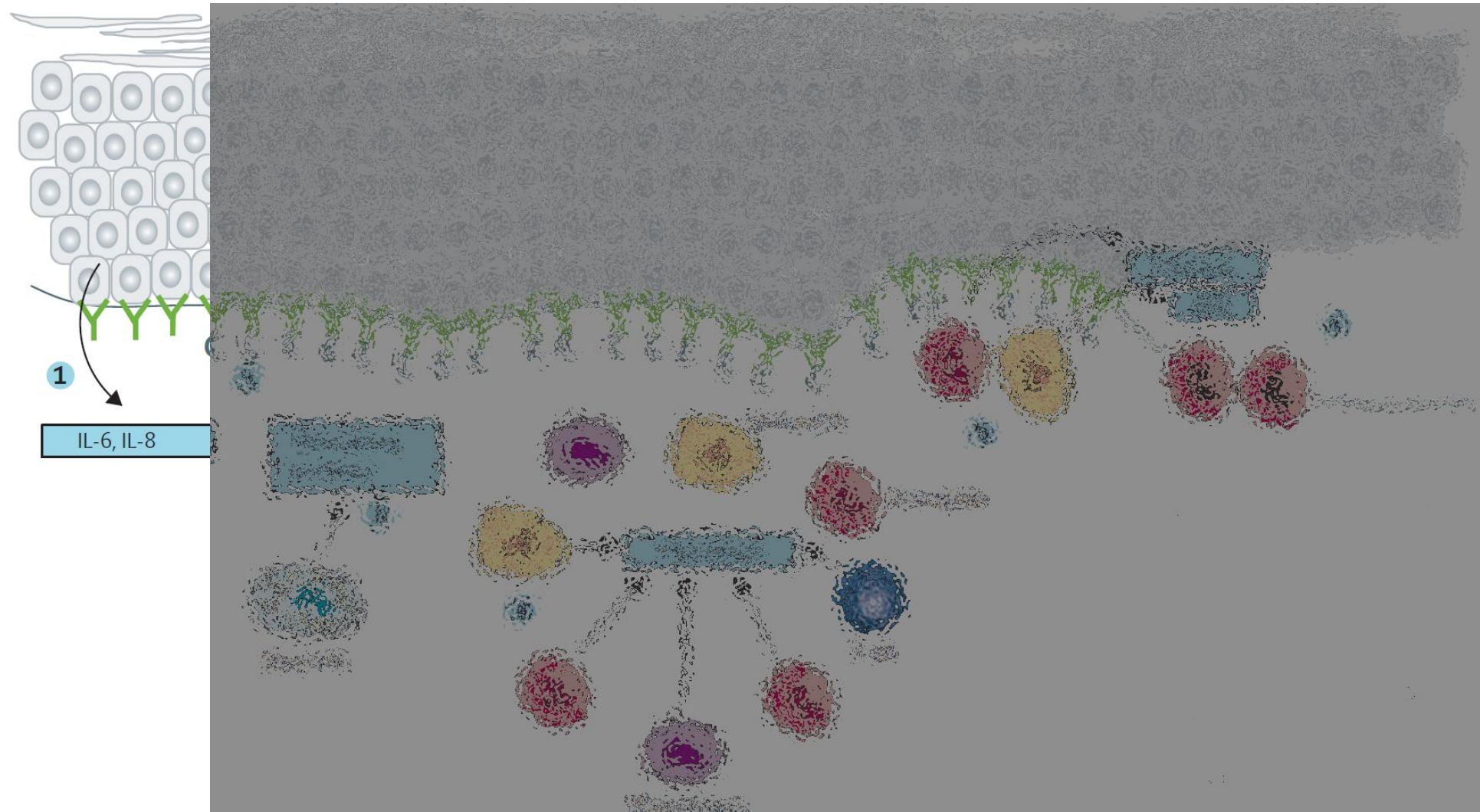
(Modified from Schmidt, Lancet 2013)

Pathogenesis of blister formation in AISBD



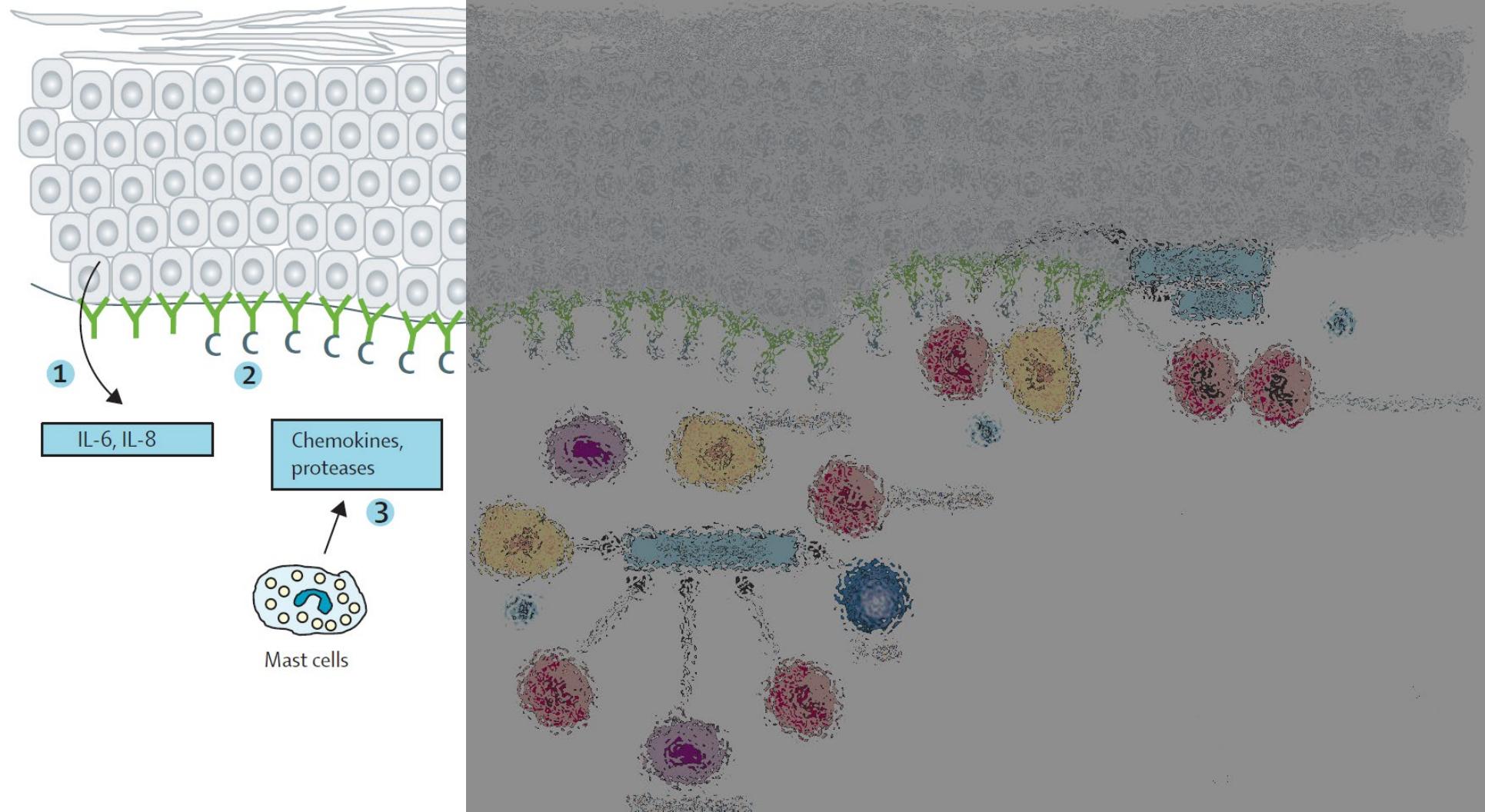
(Modified from Schmidt, Lancet 2013)

Pathogenesis of blister formation in AISBD



(Modified from Schmidt, Lancet 2013)

Pathogenesis of blister formation in AISBD



(Modified from Schmidt, Lancet 2013)

Complement Activation Pathways

1. Classical Pathway (CP)

- initiated by antigen-antibody complexes

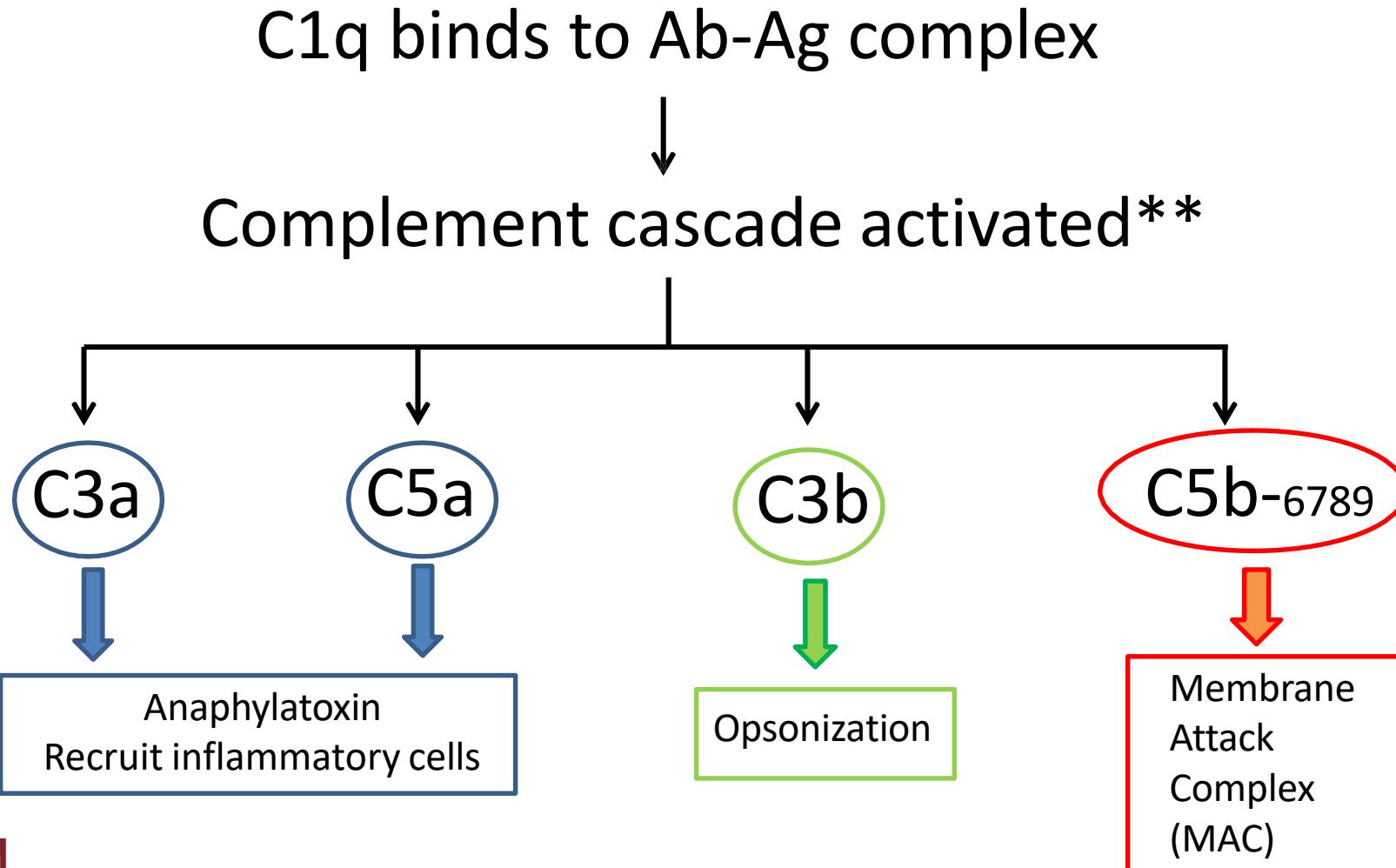
2. Lectin Pathway (LP)

- binding to mannose residues on cell or pathogen surfaces

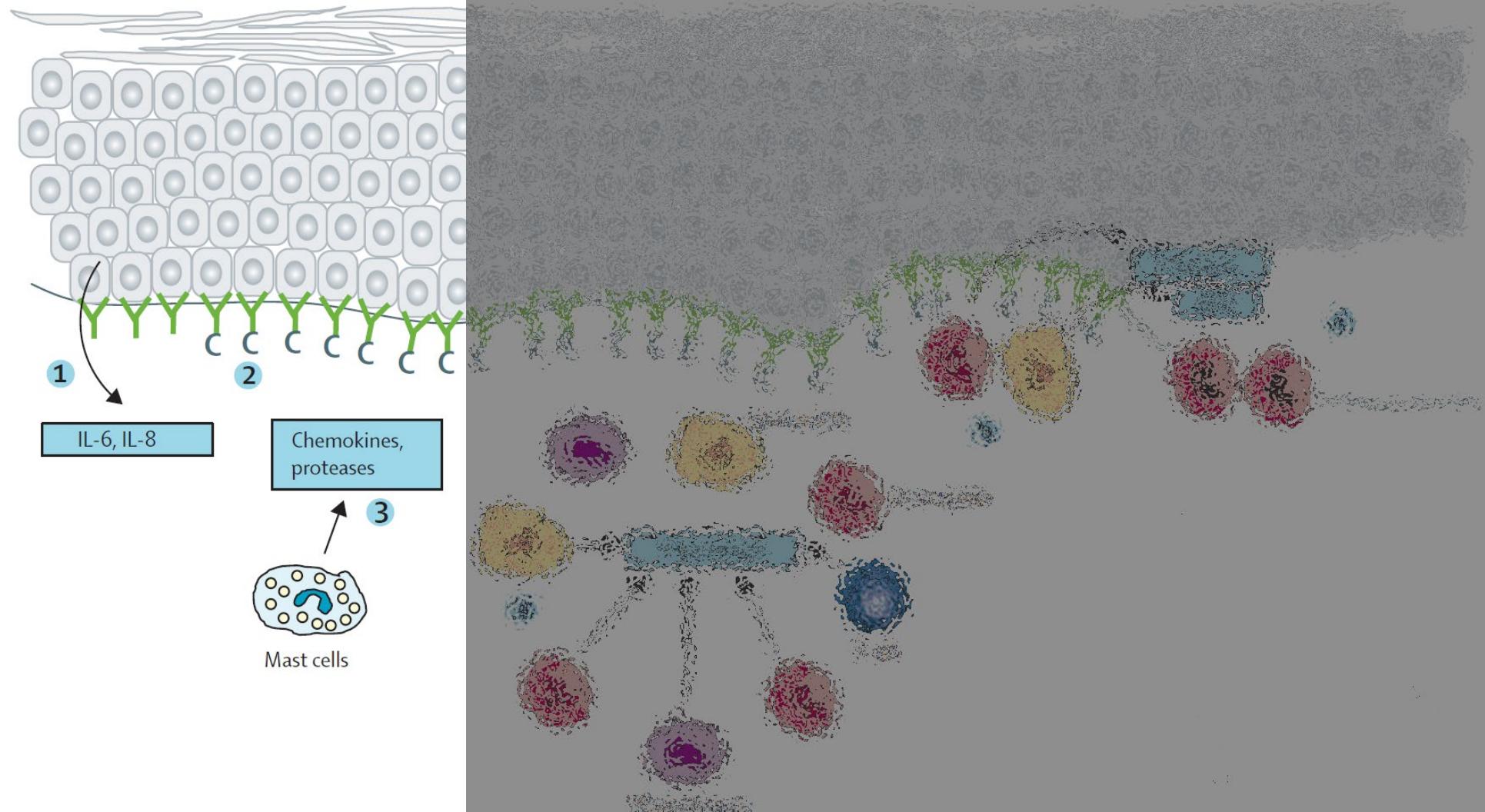
3. Alternative Pathway (AP)

- Activated by spontaneous hydrolysis of C3 or via the classical or lectin pathway

Complement activation: Classical pathway

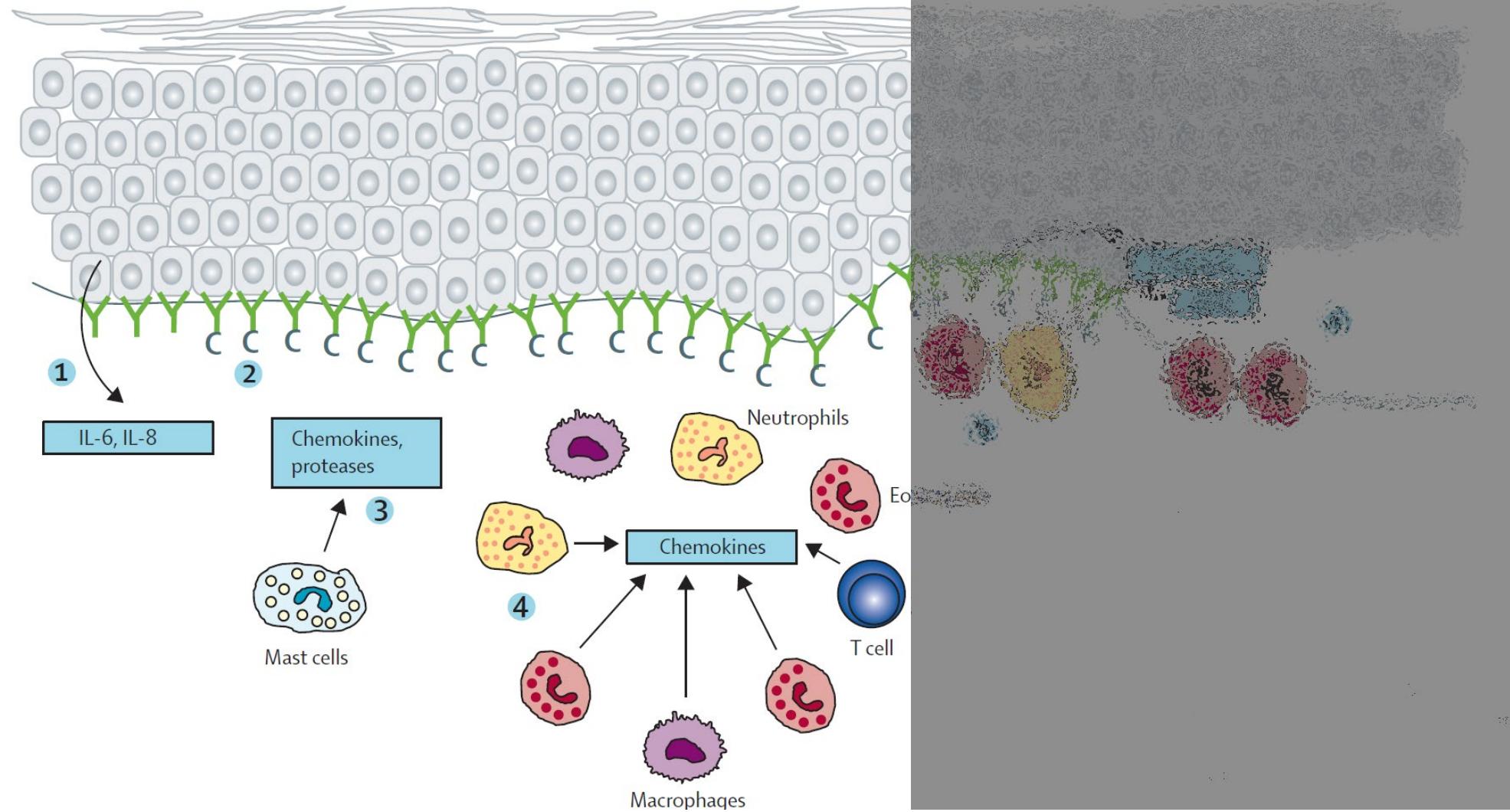


Pathogenesis of blister formation in AISBD



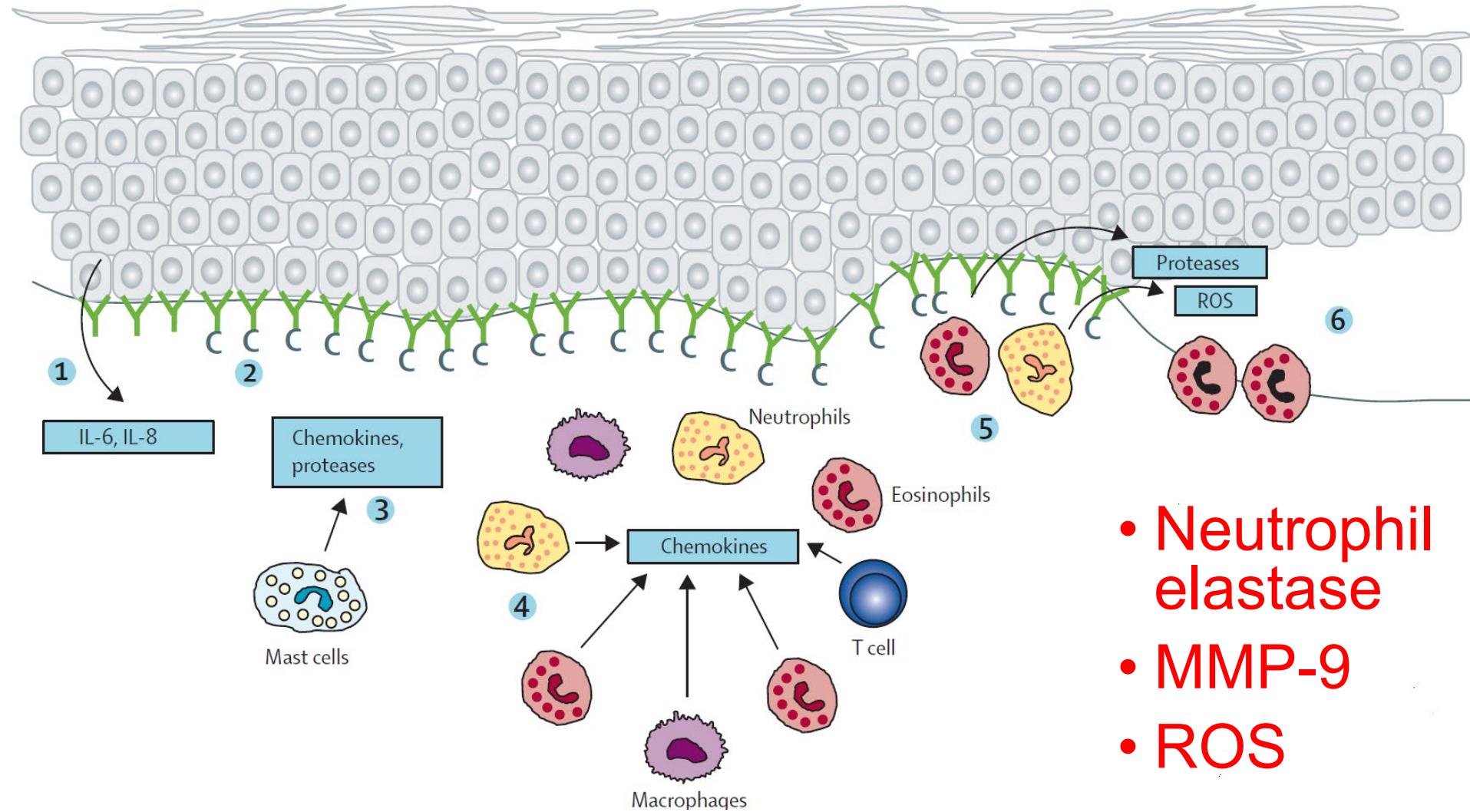
(Modified from Schmidt, Lancet 2013)

Pathogenesis of blister formation in AISBD



(Modified from Schmidt, Lancet 2013)

Pathogenesis of blister formation in AISBD



- Neutrophil elastase
- MMP-9
- ROS

(Modified from Schmidt, Lancet 2013)

Canine AISBD: clinical features



Skin and/or mucosal lesions:

- Vesicles/bullae
- Ulceration
- Crust
- Depigmentation/scarring

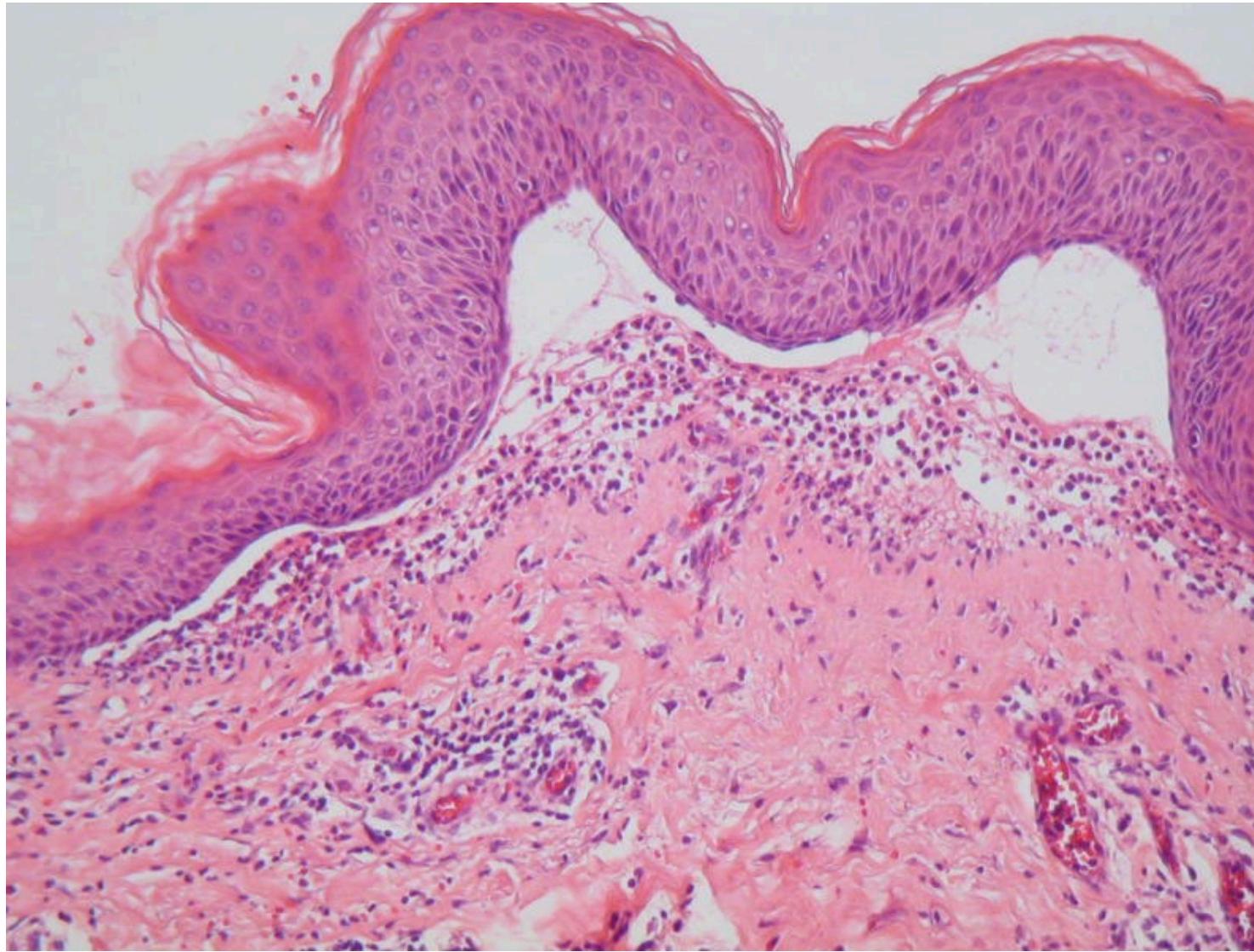
Canine AISBD: diagnostic approach

Vesicles/bullae and/or ulcerations

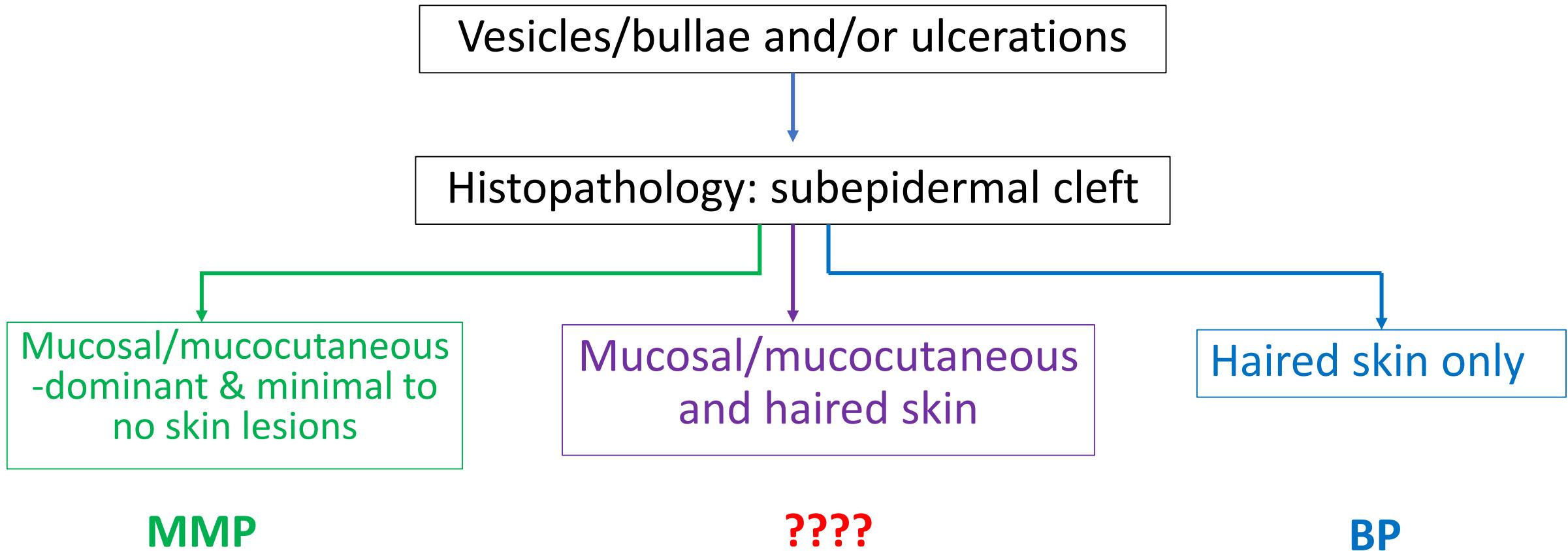


Histopathology: subepidermal cleft

Canine AISBD: histopathology



Canine AISBD: clinical features



Canine epidermolysis bullosa acquisita (EBA)

- Resembles the inflammatory variant (as appose to mechanobullous variant)
- Some features that MAY be helpful in distinguishing **EBA** from MMP or BP:
 1. Young dogs (median age of onset: 1-2 years old)
 2. Great Dane is the most common breed
 3. More severe systemic signs (fever, lymphadenopathy, lethargy and anorexia)

Canine AISBD: treatment and outcome

- Chronic relapsing course
- MMP:
 - Tetracycline antibiotics + niacinamide
 - Oral GC + AZA/CsA/dapsone
- EBA:
 - Oral GC +/- AZA or colchicine
- Other non-specified AISBD
 - Oclacitinib (Aymeric, *Vet Dermatol* 2017)
 - Oral GC + MMF (Ginel, *J S African Vet Assoc*, 2010)

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