Odor in Pemphigus

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Kanwar et al. [1] have recently reported on their experience with detecting a characteristic odor in patients with various forms of pemphigus. This observation invites comments by anybody who has dealt with bullous diseases, pemphigus and pemphigoid in particular, for many years. The strongest odor is discernible in patients with erosions of the mouth and pharynx of long duration. Denudation of epithelium in oropharyngeal areas is a characteristic feature in pemphigus and is frequently the first detectable clinical sign. We do share the view that these patients have a strong and more or less characteristic odor. We have never observed such a sensation originating just from the skin surface.

Could there be a regional difference or could other factors account for such a difference in observation?

Odors emanating from the body surface may be of (1) individual specificity: sensitive persons' noses – even less gifted/cursed than Jean-Baptiste Grenouille's (Patrick Süskind: *L'Éau de Parfum*) – are able to recognize each other by smell; probably an atavism in humans, this capacity is much more pronounced in many animals; (2) bacterial growth on intact or on denuded epithelial surfaces may be the cause of another shade of smell in addition to the former or part of the former; (3) metabolic products, as alluded to by Kanwar et al. [1], still add another hue to olfactory stimulation. All extensive lesions on the skin of long standing produce some sort of odor, due to secretion and decomposition of sweat, sebum, keratin and the ensuing bacterial contamination and overgrowth. We consider it possible that a hot and/or hot and humid environment increases such phenomena, for instance in India as compared to Europe or North America. On the other hand, experience in Israel, where outside temperatures are higher than in Europe and pemphigus is particularly frequent, does not support the findings of the above authors. Furthermore,

the duration of the disease before diagnosis could play a role in the development of odors.

Most certainly, the gustatory and olfactory capabilities of man (physician) are neglected today and were more properly observed by our professional ancestors, who tasted the sweat of patients or the urine of diabetics for its sweetness. It should be considered well worth to go after such features even if it may prove difficult and even if our olfactory sense progressively succumbs to civilization.

Which ways of investigation could be followed in this respect?

Bacterial and viral cultures of surface material (secretions, cellular debris, hair) should be made and checked for specific germs as a potential cause of a characteristic smell.

Intensity of sweat and sebum production should be measured for the very same reasons as much as for its components.

Metabolic products of skin separation e.g. in pemphigus ought to be detected and analyzed. Theoretically, immunological splitting of the epidermis of large body areas could result in deposition of compounds serving as the cause of a typical odor.

(d) Pemphigus or pemphigus-like processes in animals should be evaluated along the same lines (dogs; cats [2]; snakes [3, 4]?).

To employ all our five senses is a logical and practical aim in clinical diagnosis.

References

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