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## Pemphigoid diseases: Insights in the nonbullous variant and disease management

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DOI:  
[10.33612/diss.132159641](https://doi.org/10.33612/diss.132159641)

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*Document Version*  
Publisher's PDF, also known as Version of record

*Publication date:*  
2020

[Link to publication in University of Groningen/UMCG research database](#)

*Citation for published version (APA):*  
Lamberts, A. (2020). *Pemphigoid diseases: Insights in the nonbullous variant and disease management*. [Thesis fully internal (DIV), University of Groningen]. University of Groningen.  
<https://doi.org/10.33612/diss.132159641>

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## Stellingen behorende bij dit proefschrift

1. The detection of serum autoantibody reactivity against hemidesmosomal proteins does not equal disease. *(this thesis)*
2. Nonbullous pemphigoid should be seen as a phenotypic variant within the spectrum of pemphigoid diseases, rather than a prodromal phase of bullous pemphigoid. *(this thesis)*
3. Nonbullous pemphigoid is a cause of pruritus among nursing home residents, and physicians should perform diagnostic pemphigoid tests in case of moderate to severe chronic pruritus. *(this thesis)*
4. It is unlikely that IgE plays a key role in the formation of blisters in pemphigoid. *(this thesis)*
5. The disease mechanism of nonbullous pemphigoid yet needs to be determined, but may be defined by predominant BP230 reactivity. *(this thesis)*
6. Activated immunological pathways can differ between individual pemphigoid patients, therefore physicians should strive for personalized disease management. *(this thesis)*
7. The input of patients in setting the research agenda can be of great value, and should be encouraged. *(this thesis)*
8. Rituximab can be an effective and relatively safe treatment option for pemphigoid diseases, and should not be saved as a last resort therapy. *(this thesis)*
9. The indications for pneumocystis pneumonia prophylaxis are not clearly defined, but standard prophylaxis does not seem required for all pemphigoid patients. *(this thesis)*
10. Somewhere, something incredible is waiting to be known. *(Carl Sagan)*
11. Don't listen to the person who has the answers; listen to the person that has the questions. *(Albert Einstein)*
12. De weg is belangrijker dan het doel. *(Marcel Jonkman)*