Clinical Images

Bullous Pemphigoid

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Figure 1. Scattered tense bullae and shallow erythematous erosions on the right inner thigh.

A 91-year-old man with no history of skin disease presented with one week of itchy blisters, several of which had recently “popped”. Cutaneous examination revealed scattered bullae and shallow erosions on the right inner thigh (Fig. 1). Complete blood count and comprehensive metabolic panel were unremarkable. Skin biopsy and direct immunofluorescence studies were consistent with bullous pemphigoid (BP).

BP is an acute or chronic, autoimmune, subepidermal, blistering disorder that occurs when immunoglobulin

G autoantibodies target hemidesmosomal BP antigens, BP230 (BPAg1) and BP180 (BPAg2), resulting in dermo-epidermal junction separation and bullae formation. There is no established etiology for BP. Clinically, lesions consist of erythematous patches, urticarial plaques and/or tense bullae, which can erupt.¹ The most commonly affected areas are the upper extremities, trunk and inner thighs. Two biopsies are usually necessary to make the diagnosis: one from the edge of an intact bulla for routine hematoxylin and eosin staining, and one from nonaffected skin for immunofluorescence studies.

Mild BP is typically treated with high potency topical corticosteroids, while more severe cases may require systemic immunosuppressants such as prednisone, azathioprine, methotrexate, mycophenolate mofetil, cyclophosphamide, or rituximab.¹ Our patient responded well to a prednisone taper, with complete resolution of lesions and no recurrences.

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