

**Case 9. Two week history of blistering lesion lower leg and anterior chest.
75yrs male Incisional Bx**

- **Incisional biopsy of skin shows a sub epidermal vesicle, filled with fibrinous material containing scattered eosinophils and neutrophils.**
- **There is underlying dermal papillae fibrosis together with scattered chronic inflammatory cells.**

Diagnosis: Bullous pemphigoid

Comment:

Direct immunofluorescence show a linear deposition of C3 and Ig3 at the DEJ

Salt-split skin IMF shows the antibodies are localised to the roof.

Differentiate from

- Epidermolysis bullosa acquisita; IMF salt split shows antibodies are localised to the floor of blister**
- Dermatitis herpetiformis: IMF granular IgA deposition associated with gluten sensitive enteropathy. More neutrophils & basal cell necrosis**
- Linear IgA dermatosis: IMF shows a band of IgA deposition**

-Common in the elderly, tense bullae (trunk & extremities), oral lesions in 30% of patients

-Autoimmune disease of the skin due to IgG to the bullous pemphigoid Ag 1 & 2.

-Tx: Steroids