

Case Blog

Title: Pemphigus Foliaceus: A Diagnostic Dilemma

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Figure: Pemphigus foliaceus (PF), an autoimmune skin disorder.

Our patient, a 72 year old gentleman, known to have Diabetes mellitus, Hypertension and Ulcerative colitis, was admitted to the Kothari Medical Centre, Kolkata, India, in October 2015 manifesting bullous lesions and erythroderma all over the body for the past 2 months. It was reported that he had similar blisters for the first time in September 2014 that subsided. He developed severe low back pain (diagnosed as spinal tuberculosis with psoas abscess; treated with antituberculous drugs) and similar skin lesions that existed before the initiation of ATD. Skin biopsy from the affected areas confirmed pemphigus foliaceus (see Image). He was in a critical condition with severe breathlessness requiring life support system. He expired after a week.

Pemphigus foliaceus (PF), an autoimmune skin disorder, is a type of pemphigus. It is manifested clinically by involvement of healthy-appearing skin that blisters when rubbed (Nikolsky sign). PF usually does not involve mucous membranes. In 1844, Pierre Louis Alphee Cazenave reported the first authenticated description of PF. PF is seen worldwide and is a relatively uncommon disease. The prevalence of PF in men and women is about equal and the mean age at onset is about 50-60 years. It is of paramount importance that a correct diagnosis is made particularly for a newly diagnosed case of pemphigus. Getting educated about the possible alternative or underlying diagnosis for this particular skin condition may be useful for a correct diagnosis.

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