



‘I’ve got sores galore!’

Benjamin Barankin, MD

A 62-year-old male presents with a six-month history of non-pruritic vesicles, blisters and erosions affecting his oral and genital mucosae, trunk and arms (Figure 1). There is no palmoplantar involvement. He is on numerous medications for hypertension and cardiovascular disease, none of which he can recall. He has no known drug allergies and there is a family history of eczema.

1. What is the most likely diagnosis?

- Bullous pemphigoid
- Allergic drug reaction
- Erythema multiforme
- Pemphigus vulgaris
- Dermatitis herpetiformis

2. How commonly is oral mucosa involved?

- Rarely
- 5% to 10%
- 25% to 50%
- 50% to 70%
- More than 90%

3. How could you treat this rash?

- Prednisone
- Azathioprine
- Intravenous immunoglobulin
- Mycophenolate mofetil
- All of the above

Pemphigus vulgaris (PV) is a potentially life-threatening autoimmune blistering disease mediated by circulating autoantibodies directed against keratinocyte cell surfaces. It is characterized by cutaneous and mucosal blistering. The mean age of onset is 50 to 60 years.


The mucous membranes are commonly affected first and can precede cutaneous lesions by months. The



Figure 1. Patient presents with non-pruritic vesicles, blisters and erosions.

mucosa is involved in 50% to 70% of patients and can limit oral intake. The primary cutaneous lesion is a flaccid and fragile blister with clear fluid that easily ruptures, leaving painful erosions.

Patients with PV typically heal without scarring, unless secondary infection complicates the condition, which is common. Prognosis is worse in older patients and in patients with extensive disease.

This condition is typically managed by a dermatologist experienced with systemic immunosuppressive agents. Oral prednisone is the initial treatment of choice, drastically reducing the mortality to 5% to 15%. 

Dr. Barankin is a senior dermatology resident, University of Alberta, Edmonton, Alberta.

“Case in Point” is a series of interesting cases and diagnoses to help general practitioners sharpen their skills. Submissions and feedback can be sent to diagnosis@sta.ca.

Answers: 1-d ; 2-d ; 3-e