



Big Bullae

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A 19 year old otherwise healthy female presents with swollen hands partially covered with large bullae, which appeared one day after spending a couple of hours in the sun. While she was sunning herself, she was also squeezing limes for a summer drink.

1. What is the most likely diagnosis?

- Bullous Pemphigoid
- Thermal Burns
- Porphyria Cutanea Tarda
- Phytophotodermatitis
- Dermatitis artifacta (self induced)

2. How would you manage these lesions?

- Debridement of bullae
- Cool wet compresses
- Topical steroids
- Oral anti-histamines
- All of the above


Phytophotodermatitis (PDD) is a cutaneous phototoxic inflammatory eruption occurring when skin comes in contact with plant substances containing photosensitizing agents such as furocoumarins followed by UVA exposure. Primary lesions present 24 to 48 hours after contact and arise in areas where the skin was in contact with furocoumarins and exposed to sunlight. The common clinical presentation ranges from erythema to well formed bullae in the acute phase. Once the acute phase of blister formation has resolved, post-inflammatory hyperpigmentation is a common sequelae.

In this case, lime juice which contains furocoumarins was the cause. Other sources of furocoumarins are celery, lemons, parsnips and figs.



Figure 1: Bullae presenting on both hands immediately after debridement

Linear areas of erythema or blister formation are common as these are where the juice runs on the skin. Hands and feet are the most commonly affected sites due to their increased exposure to sunlight.

Treatment includes debridement of the bullae and cool wet compresses in the acute stage. Topical steroids should be applied to help settle the inflammation and if diagnosed early enough, oral steroids would be useful. Treatment of the hyperpigmentation can be problematic as some cases can be long lasting. 

Answers: 1-d; 2-e

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