

### **CASE 30-1**

An 80-year-old woman presents with a 3-month history of a nonhealing “sore” in her scalp. She thinks this appeared after a permanent wave done at a hair salon. On physical examination, there is a 4 × 6 cm superficial erosion on the scalp with a serous exudate. She has no other skin lesions, but she states that she has had several episodes of “canker sores” in the past 2 months.



**What is the one most likely diagnosis?**

- (A) Allergic contact dermatitis to an allergen in the permanent wave solution
- (B) Dissecting cellulitis/folliculitis
- (C) Pemphigus vulgaris
- (D) Herpes zoster
- (E) Cutaneous T-cell lymphoma

The correct answer is (C), pemphigus vulgaris.

Pemphigus vulgaris is an autoimmune bullous disease that may present with lesions in the scalp. The primary lesion is a flaccid bulla, which easily ruptures leaving a moist eroded area as in this patient. The patient's history of episodes of "canker sores" may be due to oral lesions of pemphigus vulgaris.

A one-time exposure to an allergen in a permanent wave solution should not cause chronic erosions. Dissecting cellulitis presents with boggy plaques without ulcers and is more common in males. The lesions of herpes zoster typically last less than 3 weeks. Cutaneous T-cell lymphoma typically presents with plaques, which may take many years to progress to ulcerative nodules.