

**CASE 37-1**

An 80-year-old man has a 9-month history of persistent mildly pruritic vesicles and bullae, which have not completely cleared with the use of clobetasol ointment.



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

- (A) Bullous pemphigoid
- (B) Pemphigus vulgaris
- (C) Allergic contact dermatitis
- (D) Dermatitis herpetiformis
- (E) Porphyria cutanea tarda

The correct answer is (A), bullous pemphigoid.

This is a classic case of bullous pemphigoid with tense blisters and surrounding erythema. Ruptured bullae with erosions and vesicles can also be seen in this case.

Pemphigus vulgaris, in contrast to bullous pemphigoid, presents with flaccid bullae and crusted erosions. Allergic contact dermatitis is typically more pruritic and is commonly localized to specific anatomical locations that are in contact with the allergen. Therefore, the rash is often seen in a geometric and/or a linear distribution.

In contrast to bullous pemphigoid and pemphigus vulgaris, bullae and vesicles are typically absent in dermatitis herpetiformis (DH) at the time of evaluation. DH is extremely pruritic and thus the primary lesions of DH are usually excoriated prior to presentation, leaving secondary erosions at the sites of involvement. Porphyria cutanea tarda presents with vesicles, bullae, and crusted erosions in sun-exposed sites without surrounding erythema. These lesions heal with scarring and dyspigmentation unlike the patient in this scenario.