Noninfectious Vesiculobullous and Vesiculopustular Diseases

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Director of Dermatopathology
Harbor-UCLA Dermatology
## What is the location of the blister cavity?

<table>
<thead>
<tr>
<th>Disease</th>
<th>Intraepidermal</th>
<th>Subepidermal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friction blister</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second degree burn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction blister</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fogo selvagem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disease</td>
<td>Intraepidermal</td>
<td>Subepidermal</td>
</tr>
<tr>
<td>---------------------</td>
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<td>-------------</td>
</tr>
<tr>
<td>Friction blister</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Second degree burn</td>
<td></td>
<td>Usually +</td>
</tr>
<tr>
<td>Suction blister</td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Fogo selvagem</td>
<td>+ Subcorneal</td>
<td></td>
</tr>
</tbody>
</table>
Histopathologic patterns associated with Grover’s disease include all except:

- Bullous pemphigoid
- Hailey-Hailey disease
- Darier’s disease
- Pemphigus vulgaris
- Pemphigus foliaceus
Answer

- Bullous pemphigoid
Pertinent histopathological differential diagnoses for graft versus host disease include all except:

- Eruption of lymphocyte recovery
- Erythema multiforme
- Lupus erythematosus
- Drug associated linear IgA disease
- Lichen planus
Answer

- Drug associated linear IgA disease
## Location of inflammatory cells?

<table>
<thead>
<tr>
<th>Disease</th>
<th>DEJ</th>
<th>Intra-epidermal</th>
<th>Stratum corneum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miliaria rubra</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miliaria profunda</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miliaria crystallinia</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miliaria crystallinia</td>
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</tbody>
</table>
# Target Antigen in Pemphigus

<table>
<thead>
<tr>
<th>Disease</th>
<th>Desmoglein 1</th>
<th>Desmoglein 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pemphigus vulgaris</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pemphigus foliaceus</td>
<td></td>
<td></td>
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<tr>
<td>Paraneoplastic pemphigus</td>
<td></td>
<td></td>
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<tr>
<td>Drug-induced pemphigus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IgA Pemphigus</td>
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<td></td>
</tr>
<tr>
<td>Disease</td>
<td>Desmoglein 1</td>
<td>Desmoglein 3</td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Pemphigus vulgaris</td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Pemphigus foliaceus</td>
<td>+</td>
<td></td>
</tr>
<tr>
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<td>+</td>
</tr>
<tr>
<td>Drug-induced pemphigus</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>IgA Pemphigus</td>
<td>+</td>
<td>+</td>
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</tbody>
</table>
# Target Antigens in Subepidermal Bullous Diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>BPAG1 (BP230)</th>
<th>BPAG2 (BP180)</th>
<th>S6beta4 integrin</th>
<th>Laminin 5</th>
<th>Type VII collagen</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>CP</td>
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<td></td>
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<tr>
<td>EBA</td>
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<tr>
<td>PG</td>
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<tr>
<td>LABD</td>
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</tbody>
</table>
## Answers

<table>
<thead>
<tr>
<th>Disease</th>
<th>BPAG1 (BP230)</th>
<th>BPAG2 (BP180)</th>
<th>S6beta4 integrin</th>
<th>Laminin 5</th>
<th>Type VII collagen</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP</td>
<td>+</td>
<td>+</td>
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<td></td>
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<tr>
<td>CP</td>
<td>+</td>
<td>+</td>
<td>+ (ocular)</td>
<td>+ (anti-epi)</td>
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</tr>
<tr>
<td>EBA</td>
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<td></td>
<td>+</td>
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<tr>
<td>PG</td>
<td>+</td>
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</tr>
<tr>
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