

LETTERS TO THE EDITOR

BULLA SPREADING SIGN FOR DIFFERENTIATING EPIDERMOLYSIS BULLOSA ACQUISITA FROM BULLOUS PEMPHIGOID

A 45-year-old female had bullous lesions for 3 years. The bullae and erosions were located mainly over the forearms, hands, feet and sites of friction such as retro-auricular folds, sub-mammary areas and neck. There was no inflammation of the skin surrounding the bullae. Oral and genital lesions were absent. There were no definite exacerbating or relieving factors although on taking treatment from a local doctor there used to be slight improvement. There was no family history of similar disease. Bulla spreading sign and Nikolsky's sign were both positive whilst the Tzanck test for acantholytic cells was negative. Biopsy revealed a subepidermal bulla with mononuclear perivascular inflammatory infiltrate. A clinical diagnosis of epidermolysis bullosa acquisita was entertained.

There is overlap between bullous pemphigoid (BP) and epidermolysis bullosa acquisita (EBA).¹ Nikolsky sign is often positive in certain cases of epidermolysis bullosa

dystrophica (EBD).² Since there is a clinical resemblance between EBD and EBA,² we hypothesize that, in the absence of electron microscopy and immunofluorescence, bulla spreading sign may be considered as a clinical sign in EBA, thus differentiating it from BP in which this sign is absent.

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References

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2. Pye RJ: Bullous eruptions, in: Textbook of Dermatology, Fourth ed, Editors, Rook A, Wilkinson DS, Ebling FJG et al: Oxford University Press, Bombay, 1987; pp 1619-1663.