

### Introduction

Pemphigoid gestationis (PG) is a rare gestational dermatosis that occurs in about 1 in 50,000 pregnancies. It typically presents as a rapid eruption of pruritic papules, plaques, and tense bullae during the second or third trimester of pregnancy. Lesions often begin on the abdomen, frequently involving the umbilicus, then spread peripherally. Cases of PG usually improve in late pregnancy and flare immediately postpartum. We present an atypical case of PG which remained clinically mild until the early postpartum period.

### Case

#### History

- A 37-year-old female presented with a two-month history of a relapsing, mildly pruritic rash involving the hands, trunk, and lower extremities in the setting of the third trimester of pregnancy.
- Two days following delivery at 40 weeks gestation, she developed acute worsening of the same skin eruption.

#### Exam

- Physical exam revealed erythematous blanching papules and plaques with overlying tense bullae on the fingers and palms, and blanching pink papules located on the back, lower extremities, abdomen, including the umbilicus (**Figure 1 and Figure 2**).

#### Work-Up

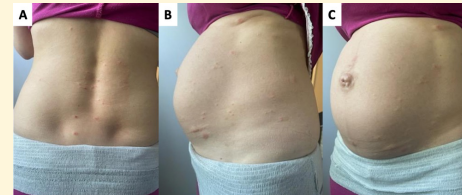
- Biopsy revealed a sparse perivascular lymphocytic infiltrate and rare eosinophils.
- Perilesional biopsy for direct immunofluorescence revealed continuous linear staining of C3 along the dermato-epidermal junction.
- These histopathologic findings in the context of the patient's peripartum status were consistent with pemphigoid gestationis.

#### Treatment

- The patient began treatment with clobetasol 0.05% cream BID to the most pruritic plaques, triamcinolone acetonide 0.1% cream BID to the moderately pruritic plaques, and loratadine 10mg BID.
- Significant improvement was reported after 10 days of topical treatment.



**Figure 1. Clinical findings on hands.** A. Erythematous blanching edematous papules of dorsal hand; B. Erythematous, blanching papules and plaques of the palmar hand; C. Overlying tense bullae on right second finger.



**Figure 2. Clinical findings on trunk.** Blanching pink edematous papules of the back (A), abdomen (B), and umbilicus (C).

### Discussion

- In this case, a 37 year old female patient experienced clinically mild disease during pregnancy, involving only a relapsing, minimally pruritic rash of the trunk, hands, and lower extremities.
- This patient did not display the classic eruption of severely pruritic papules and plaques or tense bullous lesions during her gestation.
- This case of PG was unrecognized and undiagnosed until symptoms increased acutely 2 days postpartum, including tense bullae of the hands and edematous plaques involving the umbilicus, classic signs associated with PG.

### Conclusions

- This case illustrates that gestational pemphigoid can appear clinically mild during the third trimester and subsequently bloom in the early postpartum period.
- In spite of its rarity, gestational pemphigoid should be considered in cases of pruritus and vesiculobullous eruptions in pregnant or postpartum patients.

### REFERENCES

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