

Painful ulceration of the vulva



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FIGURE 1

Erythema and ulceration on the vulva



Gómez Moyano. Painful ulceration of the vulva. *Am J Obstet Gynecol* 2019.

FIGURE 2

Multiple linear erosions on the gingival mucosa



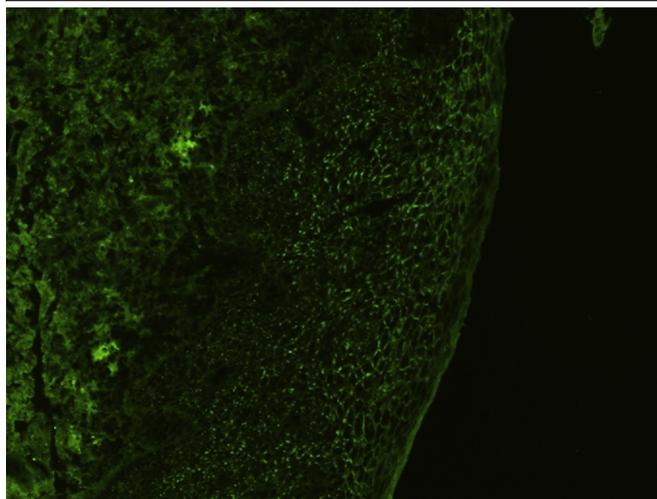
Gómez Moyano. Painful ulceration of the vulva. *Am J Obstet Gynecol* 2019.

mucosa (Figure 2). Complete blood cell count, thyroid-stimulating hormone, and liver and renal function tests were performed to rule out systemic involvement and prior to planning treatment, and were within normal ranges.

Histological examination of the perilesional vulvar mucosa revealed eosinophilic spongiosis and suprabasilar

FIGURE 3

Granular deposition of immunoglobulin (IgG) in the intercellular space of the keratinocytes (immunofluorescence $\times 550$)



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A 39 year-old-woman presented with a 1-month history of painful and persistent erosions of the vulvar mucosa. Her medical history was unremarkable. The vulvar area presented with erythema and ulceration (Figure 1). On examination, we observed multiple linear erosions on the gingival and palatine

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acantholysis without keratinocyte necrosis. Immunofluorescence showed granular deposition of immunoglobulin IgG (Figure 3) and C3 in the intercellular space of the keratinocytes. The diagnosis of pemphigus vulgaris, an autoimmune blistering disease of skin and/or mucosal membranes, was made. We started prednisone 1 mg/kg/d and calcium

supplements, with improvement in 21 days. Prednisone was gradually tapered, and azathioprine 2 mg/kg/d was added. After a 5-month treatment period, new erosions and bullae appeared, and the patient started rituximab 1000 mg 2 times with 2 weeks apart and a second course 6 months after, with clinical improvement. ■