

### Question 17 – Week of March 1

You have been treating a 34 year-old Wilson's disease patient with d-penicillamine. She now presents with diffuse flaccid bullae, and oral erosions. She also complains of dysphagia, with EGD revealing blistering of the esophageal mucosa. Which of the following is the most likely diagnosis?

- A. Epidermolysis bullosa
- B. Bullous pemphigoid
- C. Pemphigus
- D. Lichen planus
- E. Herpes simplex virus

**Answer: C**

Pemphigus is an autoimmune blistering disease that can also be induced by drugs such as penicillamine. It is characterized by flaccid bullae, and 10-15% of patients will have oral involvement. Esophageal involvement with pemphigus leads to dysphagia. The bullae of bullous pemphigoid are tense and subepidermal. Epidermolysis bullosa is a congenital condition characterized by tense bullae with subsequent scarring. The skin manifestations of lichen planus are pruritic violaceous papules, and it is associated with HCV, not Wilson's disease. Herpes simplex virus can lead to odynophagia and skin findings are of grouped vesicles on an erythematous base, not bullae.