Clinical Approach to Diffuse Blisters

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KEYWORDS

• Blisters • Vesicles • Diffuse blisters • Vesiculobullous
• Autoimmune bullous disorders • Bullous drug eruptions

KEY POINTS

- A thorough history is essential because it may provide clues for both internal and external triggers of certain vesiculobullous eruptions. Medications are an important cause of bullous eruptions, which have the potential to be life threatening (eg, Stevens-Johnson syndrome/toxic epidermal necrolysis).
- Immunocompromised patients often have more severe and atypical manifestations of infectious vesiculobullous disease (eg, herpetic infections) and require more aggressive therapy.
- Specialized tests such as direct immunofluorescence and serologies are helpful in diagnosing certain autoimmune blistering diseases.
- Appropriate further testing should be considered because specific bullous eruptions are strongly associated with systemic diseases (eg, myeloproliferative disorders, connective tissue diseases, systemic vasculitides, inflammatory bowel disease, and certain infections).

At some point during their careers, it is likely that most physicians will encounter a patient who presents with blisters. The clinical presentation of vesicles and bullae suggests a broad differential and confusion often arises in how to approach such patients, especially if a dermatology service is not readily accessible. In most circumstances, these tend to be acute presentations. Although some blistering eruptions may be self-limited, others are life threatening, and prompt diagnosis and management are critical. This article (1) provides a systematic diagnostic approach to such patients, including history, physical examination, and relevant work-up (**Fig. 1**); and (2) introduces some common blistering diseases that may be encountered by primary care physicians and subspecialists.

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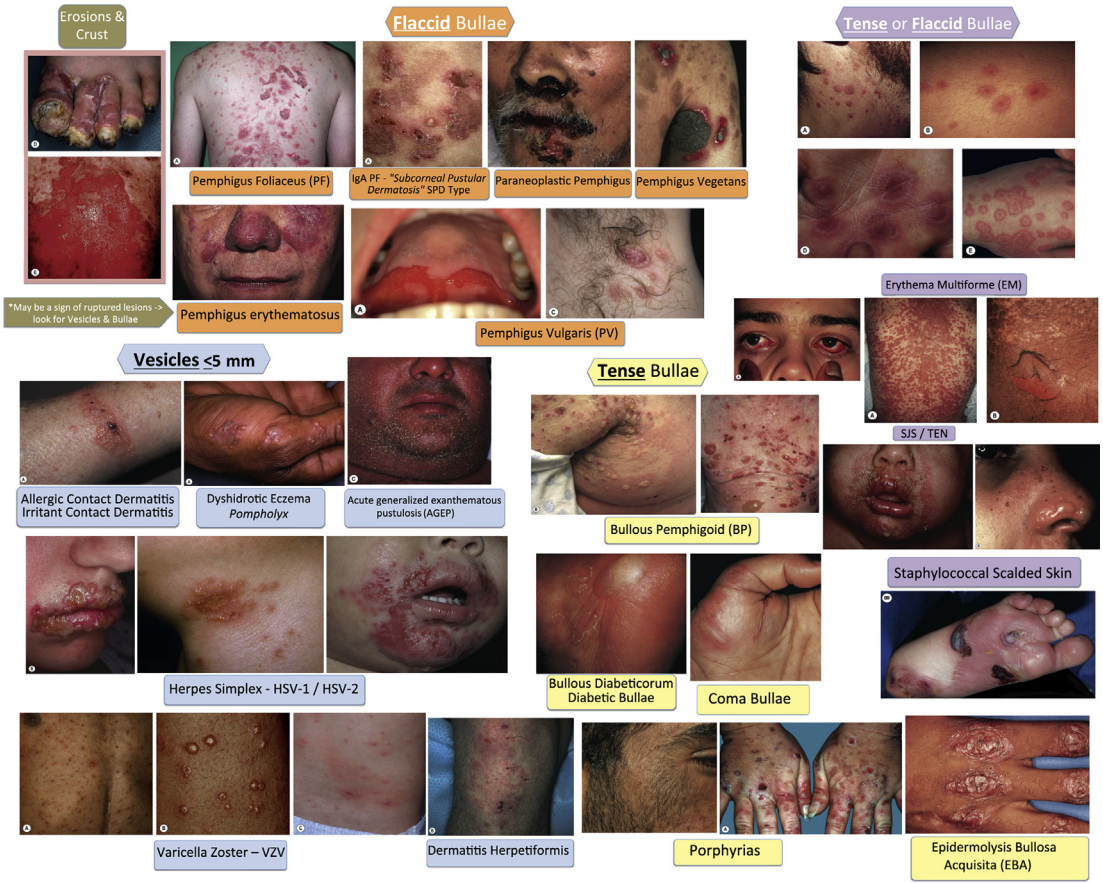

Fig. 1. Diagnostic approach for common vesiculobullous eruptions. Assoc., associated; IgA, immunoglobulin A; SJS, Stevens-Johnson syndrome; TEN, toxic epidermal necrolysis.