A 21-year-old gravida 1 para 0 previously healthy pregnant woman at 37 weeks’ gestation had a pruritic skin eruption that initially involved the umbilicus and spread to affect much of the abdomen, lower back, and extremities. Her pregnancy was otherwise uncomplicated. Urticarial lesions with rare blisters were noted (Figure 1). Skin biopsy revealed spongiosis and mixed dermal inflammation with eosinophils, whereas direct immunofluorescence revealed linear deposition of C3 along the basement membrane zone (BMZ) (Figure 2). Enzyme-linked immunosorbent assay confirmed the presence of NC16A-BP180 autoantibodies. The patient was diagnosed with pemphigoid gestationis (PG).

Pemphigoid gestationis, a rare autoimmune dermatosis of pregnancy, is caused by the development of IgG autoantibodies directed against the NC16A epitope of BP180, a protein present in the cutaneous BMZ.1-3 Affected patients have urticarial skin changes with or without tense bullae, usually in the second or third trimester of pregnancy. Although PG typically resolves after delivery, treatment may be required and can include topical or oral corticosteroids, intravenous immunoglobulin, or systemic immunosuppressants. Pemphigoid gestationis clinically resembles pruritic urticarial papules and plaques of pregnancy at its onset but can be distinguished from the latter by the presence of bullae, linear deposition of C3 with or without IgG on direct immunofluorescence testing, positive BMZ deposition on indirect immunofluorescence (salt-split skin and monkey esophagus substrates), and circulating NC16A-BP180 antibodies by enzyme-linked immunosorbent assay. Pemphigoid gestationis may return with future pregnancies. In rare cases, patients may experience persistent symptoms after delivery.1-3 Compared with pruritic urticarial papules and plaques of pregnancy, PG carries...
with it a higher risk of preterm labor, therefore making dermatologic consultation for any new rash that arises in pregnancy prudent.  

Potential Competing Interests: The authors report no competing interests.

Correspondence: Address to Julia S. Lehman, MD, Department of Dermatology, Mayo Clinic, 200 First St SW, Rochester, MN 55905 (lehman.julia@mayo.edu).

ORCID
Julia S. Lehman: https://orcid.org/0000-0002-7389-3853