

## Peculiar Nail Lesions in a 25 Year Old Man

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### Clinical Image

A 25 year-old man presented to the emergency department with one month history of severe, unusual nail lesions preceded by mouth ulceration (Figure 1). The physical examination revealed periungual blisters, inflammation and edema of the proximal, lateral and posterior nail folds of all fingernails and toenails (Figures 2 and 3). We noticed several flaccid skin bullae on his back (Figure 1). The patient was otherwise healthy. He worked in Africa for 2 years duration.



Figure 1: 1A: Mouth ulcerations. 1B: Bullous cutaneous lesions on the back.



Figure 2: A: Right fingernails lesions. B: Left fingernails lesions.



Figure 3: Toenails lesions.

He received before admission an antifungal and antibiotics treatment without improvement. Skin biopsy showed acantholytic intraepidermal bullae and direct Immunofluorescence disclosed intercellular deposition of IgG and C3 in favour of Pemphigus vulgaris. Initially, He was treated by systemic corticosteroids and adjuvant immunosuppressant Azathioprine 50 mg TID that resulting in partial clinical response then relapse of the disease upon tapering of steroids. We obtained a spectacular and effective clinical resolution of mucocutaneous and nail lesions with no permanent damage on the nails (Figure 4) after two cycle of Rituximab 1 g intravenously separated by 2 weeks.



Figure 4: A: Fingernails lesions after two cycle of Rituximab treatment. B: Normal fingernails after 2 months of Rituximab treatment.