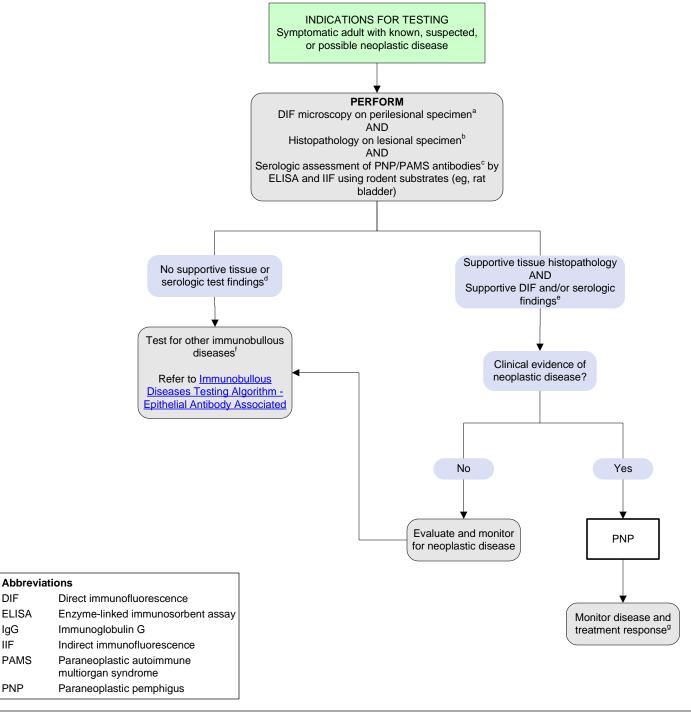


## **Immunobullous Diseases Testing - Neoplastic Disease**

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<sup>a</sup>For all suspected immunobullous diseases, biopsy specimens should be obtained from perilesional tissue because immunoreactants may not be present in lesional (blistered or eroded) tissue; perilesional tissue is defined as immediately adjacent to, but not involving, a blister or erosion and may include inflamed, intact skin or mucosa.

<sup>b</sup>Lesional biopsy specimens should be intact skin or mucosa from a newly developed lesion and/or inflamed skin.

<sup>c</sup>Individuals with PNP may demonstrate serum IgG antibodies to multiple epithelia (simple, columnar, transitional) and against envoplakin; desmoglein 1, 3; desmoplakin 1, 2; periplakin; and/or BP230 and BP180. Envoplakin IgG antibody is highly specific for PNP, and testing for this antibody should therefore be performed; desmoglein 1 and 3 IgG antibody testing and BP230 and BP180 IgG antibody testing should also be performed, along with IIF antibody testing on rodent substrates to increase sensitivity.

dRare cases of IgA PNP have been reported; consider testing for IgA PNP antibodies by IIF using rodent substrates.

eNotably, in some individuals with PNP/PAMS, serologic findings may be positive while DIF results are negative, and vice versa.

Consider antilaminin-332 pemphigoid and nonclassical pemphigus (ie, intercellular IgG/IgA dermatosis), both which have strong malignancy associations.

<sup>9</sup>A general immunobullous disease workup may provide additional information useful to characterize presentation and, along with PNP/PAMS serologies, to monitor treatment response; refer to <a href="Immunobullous Diseases Testing Algorithm - Epithelial Antibody Associated">Immunobullous Diseases Testing Algorithm - Epithelial Antibody Associated</a> for additional details on testing strategy.