INDICATIONS FOR TESTING
Symptomatic pregnant woman, typically 2nd or 3rd trimester

Obtain biopsy specimens
- Lesional for histopathology
- Perilesional for Direct Immunofluorescence, Tissue Biopsy (Cutaneous, Mucosal, Epithelial)*

Obtain serum specimen for
- Pemphigoid Gestationis, Complement-Fixing Basement Membrane Antibodies (Herpes Gestationis Factor)^

Test for immunobullous diseases
See Epithelial Antibody-Associated Immunobullous Diseases Testing algorithm

Pemphigoid (herpes) gestationis
- Usually resolves after pregnancy if it occurred during pregnancy; increased antibody levels may persist indefinitely
- Likely to recur with subsequent pregnancies
- May also recur with other hormonal changes, including those induced by contraception

ARUP Lab Tests
- Direct Immunofluorescence, Tissue Biopsy (Cutaneous, Mucosal, Epithelial)
- Pemphigoid Gestationis, Complement-Fixing Basement Membrane Antibodies (Herpes Gestationis Factor)
- Bullous Pemphigoid (BP180 and BP230) Antibodies, IgG by ELISA

*For all suspected immunobullous disease, biopsy sample 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.

^The Pemphigoid Gestationis, Complement-Fixing Basement Membrane Antibodies (Herpes Gestationis Factor) test includes assessment of bullous pemphigoid antigen antibodies (IgG BP180), which are characteristically increased in pemphigoid gestationis along with positive complement-fixing basement membrane zone antibodies. It is the recommended test for evaluation of pemphigoid gestationis; the Bullous Pemphigoid Antigens (180 kDA and 230 kDA), IgG, enzyme-linked immunosorbent assay (ELISA) test can be ordered separately.

^See Monitoring table in Epithelial Antibody-Associated Immunobullous Diseases Testing topic in ARUP Consult for specific tests for monitoring this disease.