Pemphigus erythematosus (Senear-Usher syndrome) is simply the localized form of PF. Typical scaly and crusted lesions of PF occur across the malar area of the face and in other seborrhic areas. Pemphigus erythematosus may remain localized for years, or it may evolve into more generalized PF. If there is a unique aspect of pemphigus erythematosus, it is the immunofluorescence findings noted in Immunopathology. In addition, many patients with pemphigus erythematosus show serologic findings suggestive of systemic lupus erythematosus, especially the presence of anti-nuclear antibodies, although few patients have been reported to actually have the two diseases concurrently.

Histopathology.
Pemphigus erythematosus (Senear Usher syndrome)  

The light microscopic features are identical to those of pemphigus foliaceus (Fig. 9-12). Interface dermatitis may also be apparent in rare cases, making distinction from lupus erythematosus difficult.

IF Testing. DIF testing of perilesional skin reveals squamous intercellular substance deposition of IgG in >75% of cases and granular deposition of IgG in 80% of cases. Antinuclear antibodies are observed in 30% to 80% of cases.

Ultrastructural Study. Pemphigus erythematous is identical to pemphigus foliaceus in its ultrastructural alterations.

Differential Diagnosis. The differential diagnosis is the same as in pemphigus foliaceus.