Hailey-Hailey Disease
Familial benign pemphigus is inherited as an autosomal dominant trait, with a family history obtainable in about two thirds of cases. Only very few instances of mucosal lesions have been reported, of the mouth, the labia majora, and the esophagus.
Although, as in Darier's disease, early lesions may show small suprabasal separations, so-called lacunae, fully developed lesions show large separations, which are elongated papillae lined by a single layer of basal cells, protrude upward into the bulla, and in some cases...
narrow strands of epidermal cells proliferate downward into the dermis. Many cells of the detached stratum malpighii show loss of their intercellular bridges; thus, acantholysis affects large portions of the epidermis.

Individual cells and groups of cells usually are seen in large numbers in the bulla cavity. Despite the extensive loss of tissue, the epidermis and dermis remain loosely together. This quite typical feature gives the detached epidermis the appearance of a dilapidated brick wall.
Differentiation of familial benign pemphigus from Darier's disease as a rule is not very difficult, because in Darier's disease the suprabasal region; and dyskeratosis consisting of the formation of corps ronds and grains is much more evident.

Pemphigus vulgaris often resembles familial benign pemphigus to a striking degree, and in some specimens, histologic studies of pemphigus vulgaris, but their absence does not rule it out. In case of doubt, immunofluorescence will decide the issue.
There used to be much discussion as to whether familial benign pemphigus represents a vesicular variant of Darier's disease.
Evidence against a relationship is also shown by the fact that in affected families, always only one of the two diseases 3q is mutated in Hailey-Hailey, while Darier's disease is due to a mutation in the ATP2A2 gene on chromosome 12.
Many of the cells of the stratum malpighii that have lost all or most of their intercellular bridges show a fairly normal cytoplasm and a normal nucleus in which mitotic activity has even been observed. Some of the acantholytic cells, however, have a homogenized cytoplasm, suggesting premature partial keratinization. In these cells, the desmosomes are generally well preserved. The granular layer and the basement membrane show no remarkable changes. Occasionally, a few corps ronds are present in the granular layer.

**Differential Diagnosis**

Histologically, familial benign pemphigus shares certain features with both Darier's disease and pemphigus vulgaris. In Darier's disease, there is suprabasal separation of the epidermis caused by acantholysis and resulting in lacunae or bullae and villi formation. In pemphigus vulgaris, there is subepidermal separation with a dense inflammatory infiltrate at the dermo-epidermal junction.

Histologically, familial benign pemphigus shares certain features with both Darier's disease and pemphigus vulgaris. In Darier's disease, there is suprabasal separation of the epidermis caused by acantholysis and resulting in lacunae or bullae and villi formation. In pemphigus vulgaris, there is subepidermal separation with a dense inflammatory infiltrate at the dermo-epidermal junction.
Benign familial chronic pemphigus