Case Presentation: A 42-year-old man with type 2 diabetes presented with 1 month of progressive mucocutaneous lesions, including flaccid foot bullae, oral erosions, scalp and intertriginous involvement, and onychodystrophy with nail loss. Initial treatment with oral antibiotics and topical antifungals was ineffective. He was hospitalized twice for presumed bullous tinea pedis with secondary cellulitis and treated with terbinafine, topical antifungals, and IV antibiotics. Cultures were negative. Due to poor response, alternative diagnoses were pursued. Serologic testing ultimately revealed elevated anti-desmoglein 3 and mildly elevated anti-desmoglein 1 antibodies, consistent with pemphigus vulgaris.

Discussion: Pemphigus vulgaris is a rare autoimmune blistering disorder often associated with delayed diagnosis due to nonspecific early findings. This case highlights diagnostic anchoring on infectious etiologies despite poor therapeutic response. Notably, reconsideration of the diagnosis was prompted by subspecialty input, underscoring the value of interdisciplinary evaluation. Early mucosal involvement and a refractory disease course were key clinical clues suggesting an autoimmune process.

Conclusions: Delayed recognition of pemphigus vulgaris can lead to unnecessary treatments and increased morbidity. Clinicians should maintain a broad differential for blistering diseases unresponsive to standard therapies and consider early serologic testing and dermatologic evaluation.