The first patient, a woman of 73 years, presented a pruritic cutaneous rash seven days after laparoscopic cholecystectomy was performed. She also presented sero-hemorrhagic bullous located in the periumbilical area, surrounding the scar (Fig. 1). The second patient, a woman of 78 years, who, five days after pacemaker insertion, due to a third degree atrioventricular block, reported erythematous and bullous rash in the region of the scar. This rash spread to the rest of the cleavage showing extensive erosion lesions (Fig. 2). Among differential diagnosis we assessed: bullous impetigo; contact dermatitis; bullous lichen planus; pemphigus vulgaris; erythema multiforme; fixed drug eruption, bullous; and viral causes like herpes or varicella zoster virus. In both cases cutaneous biopsies were performed. The histological findings were compatible with bullous pemphigoid (BP), and the direct immunofluorescence test showed linear deposits of IgG and C3 (Fig. 3). Treatment chosen was clobetasol cream twice a day. Patients achieved remission of injuries in less than two months. There was no relapse after six months of follow-up. The presence of blisters on recent surgical scar wounds requires discarding BP.