Dermatitis herpetiformis (Duhring's disease)
Dermatitis herpetiformis (Duhring's disease) = دهنتی‌های لاحمه‌ای = اصفهانی‌ها

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Dermatitis herpetiform is an intensely pruritic, chronic recurrent dermatitis that has a slight male predilection. The disease is associated with gluten-sensitive enteropathy and an increased but rare risk of lymphoma. Dermatitis herpetiform is in association with SLE has also been reported.
Histopathology
The typical histologic features are best observed under tightly packed acneiform lesions. Within 1 to 2 days, the rete ridges lose their attachment to the dermis, and the blisters then become unilocular and clinically apparent. At this time, the characteristic papillary microabscesses may be observed at the blister periphery. For this reason, the inclusion of perivesicular skin in the biopsy specimen is of
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utmost value. The papillary dermis beneath the papillae may have a relatively intense inflammatory infiltrate.
In 1967, Cormane described the presence of granular deposits of IgA within the dermal papillae in both lesional and nonlesional skin of patients with dermatitis herpetiformis. It is now known that this finding is highly specific for the disease and that a positive DIF test is diagnostic. However, the test is not always positive, particularly in patients with recent onset of disease. Therefore, the test should be repeated, especially in cases of negative results. In addition, biopsies should be taken from clinically normal skin immediately adjacent to the areas of erythema, because false-negative results may occur when blistered or inflamed skin is evaluated. The presence of IgA deposits in at least two appropriately selected biopsy sites is a strong indication that the patient does not have dermatitis herpetiformis.
Circulating IgA antibodies that react against reticulin, smooth muscle endomysium, the dietary antigen gluten, and the gut as substrate, IIF has been used to detect antiendomysial antibodies, which are present in 52% to 100% of patients. Three important findings must be considered in the pathogenesis of dermatitis herpetiformis.
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Spruelike changes on jejunal biopsy. Patients with celiac disease develop IgA autoantibodies to tissue transglutaminase.
The IgA deposition results in activation of the complement system followed by chemotaxis of neutrophils.
The changes in dermatitis herpetiform resemble those observed in the inflammatory bullae of bullous pemphigoid.
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