Dermatitis herpetiformis (Duhring's disease)
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Dermatitis herpetiformis 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 herpetiformis is in association with SLE has also been reported.
Histopathology
The typical histologic features are best observed in erythematous skin adjacent to early blisters. In these zones, 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 critical importance.
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utmost value. The papillary dermis beneath the papillae may have a relatively intense inflammatory infiltrate.

\textbf{IF Testing}
In 1967, Cormane described the presence of granular deposits of IgA within the dermal papillae in both lesional and non-lesional skin. This finding has been confirmed by direct immunofluorescence (DIF) examination. The presence of IgA in blister fluid is diagnostic of dermatitis herpetiformis. However, DIF may be negative in up to 20% of cases. It is therefore recommended to take biopsies from clinically normal skin immediately adjacent to erythema, because false-negative results may occur when blistered or inflamed skin is evaluated. The presence of IgA deposits in 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 intestinal tissue. Immunofluorescence (IIF) has been used to detect antiendomysial antibodies, which are present in 52% to 100% of patients.

Pathogenesis

Three important findings must be considered in the pathogenesis of dermatitis herpetiformis.
sprue-like 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.
Ultrastructural Study

The changes in dermatitis herpetiform resemble those observed in the inflammatory bullae of bullous pemphigoid.
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