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 HLA-B8 and an increased but rare risk of lymphoma. Dermatitis herpetiformis in association with SLE has also been reported.
Histopathology
The typical histologic features are best observed under erythematous skin adjacent to early blisters. In these zones, the typical histologic features are best observed. 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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The papillary dermis beneath the papillae may have a relatively intense inflammatory infiltrate. Apoptotic keratinocytes may be noted above the papillary microabscesses.
In 1967, Cormane described the presence of granular deposits of IgA within the dermal papillae in both lesional and non-lesional skin. These deposits are strongly suggestive of dermatitis herpetiformis. Direct immunofluorescence (DIF) is a sensitive test to detect these deposits. Performing DIF on normal skin immediately adjacent to the sites of erythema is recommended to avoid false-negative results. If DIF is negative in these areas, the patient may not have dermatitis herpetiformis, further supporting the diagnosis.
Circulating IgA antibodies that react against reticulin, smooth muscle endomysium, the dietary antigen gluten, and other components of the gut as substrate, 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.
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.
Ultrastructural Study

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