Dermatitis herpetiformis (Duhring's disease)
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Dermatitis Herpetiformis
Dermatitis herpetiformis is an intensely pruritic, chronic recurrent dermatitis that has a slight male predilection. The disease is associated with gluten intolerance 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 in erythematous skin adjacent to early blisters. In these zones, 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...

*IF Testing*
In 1967, Cormane described the presence of granular deposits of IgA within the dermal papillae in both lesional and non-lesional skin.

Erythema, because false-negative results may occur when blistered or inflamed skin is evaluated. The presence of IgA 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 the small 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.
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Spruelike changes on jejunal biopsy. Patients with celiac disease develop IgA autoantibodies to tissue transglutaminase.
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The IgA deposition results in activation of the complement system followed by chemotaxis of neutrophils.
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**Ultrastructural Study**

The changes in dermatitis herpetiform are resemble those observed in the inflammatory bullae of bullous pemphigoid. In advanced lesions, the lamina densa has been destroyed, as is noted in the "inflammatory bullae" of bullous pemphigoid.
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