Dermatitis herpetiformis (Duhring's disease)
Dermatitis herpetiformis (Duhring's disease) = دورينغي داء = اكتشف داء الجلد الالتهاب = Dermatitis Herpetiformis

Dermatitis Herpetiformis
Dermatitis herpetiformis is an intensely pruritic, chronic recurrent dermatitis that has a slight male predilection. The disease is characterized by a distinctive pruritic papulovesicular dermatitis, often associated with gluten sensitivity. It is important to note that dermatitis herpetiformis can be associated with celiac disease and an increased but rare risk of lymphoma. The association between dermatitis herpetiformis and systemic lupus erythematosus (SLE) has also been reported.
Histopathology
The typical histologic features are best observed in erythematous skin adjacent to early blisters. In these zones, 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. Performing DIF on clinically normal skin adjacent to the erythema can help distinguish between true-positive and false-negative results. Biopsies should be taken from areas of clinical normal skin immediately adjacent to the 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 result in inflammatory changes in 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.
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spruelike changes on jejunal biopsy. Patients with celiac disease develop IgA autoantibodies to tissue transglutaminase, dermal-bound IgA immune precipitates in dermatitis herpetiform is have been shown to contain epidermal transglutaminase.
The IgA deposition results in activation of the complement system followed by chemotaxis of neutrophils.
Ultrastructural Study.

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