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 predi-
Histopathology
The typical histologic features are best observed in erythematous skin adjacent to early blisters. In these zones, the dermal papillae increase in height. 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 critical importance.
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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 non-lesional skin. This finding is a diagnostic hallmark of dermatitis herpetiformis. Following this discovery, direct immunofluorescence (DIF) was introduced as a diagnostic test. While DIF is highly specific, it can be insensitive, especially in the context of inflammatory skin conditions. Therefore, repeat DIF is recommended to increase the diagnostic accuracy.

Some experts recommend that biopsies be taken from clinically normal skin immediately adjacent to areas of erythema, because false-negative results may occur when blistered or inflamed skin is evaluated. The presence of IgA deposits in a single biopsy site may not be sufficient to confirm the diagnosis. Two appropriately selected biopsy sites are a stronger 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 enterocyte surface are present in patients with dermatitis herpetiformis. These IgA antibodies act as the primary trigger for the inflammatory cascade that results in skin rash.

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.
The IgA deposition results in activation of the complement system followed by chemotaxis of neutrophils.
Ultrastructural Study

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