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 celiac disease 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 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.

*IF Testing*
In 1967, Cormane described the presence of granular deposits of IgA within the dermal papillae in both lesional and non-lesional skin in dermatitis herpetiformis. The presence of IgA deposits is diagnostic for the disease, and repeat DIF is necessary. Some recommend that biopsies be taken 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.
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 herpetiform resemble those observed in the inflammatory bullae of bullous pemphigoid.
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