On the basis of clinical, histologic, and electron microscopic findings, three groups of EB are recognized.
In all types of EB, the blisters form as a result of minor trauma. Because of the great differences in prognoses, families with the potential of having an infant born with one of the frequently or potentially fatal forms of EB, such as EB letalis or generalized EB dystrophica-recessive, a prenatal biopsy at 18 to 20 weeks of gestation is recommended. On electron microscopy, EB letalis shows abnormalities of the hemidesmosomes while generalized EB dystrophica-recessive shows absence of anchoring fibrils.

There is more variability in the clinical course in some forms of EB than was previously appreciated. For example, within the epidermal type of EB, which usually has a good prognosis, some cases of EB herpetiformis, which is known also as the Dowling-Meara variant, may show generalized blistering that at times is associated with mortality during early infancy. Also, the junctional form of EB can result in scarring as cicatricial junctional EB. Occasionally, dermal EB may be transient and heal within a few months. It is likely that the majority of cases published as Bart’s syndrome, which was originally described as congenital absence of the skin, belong in this group.
Epidermolysis bullosa = اﻠﻔﻘاﻌﻲ اﻠﺒﺸرﺔ اﻨﺤﻠاﻞ

Histopathology
If a fresh blister is available, a specimen for biopsy may be taken from its edge.
Even though electron microscopic examination (discussed later) is informative, the light microscopic features seen in the various forms of EB are of diagnostic value.

In epidermal EB, which includes EB simplex, EB feet and hands of Weber, and EB herpetiformis (Dowling-Meara), the PAS-positive basement membrane zone is located on the dermal side of the blister.
In *junctional EB*, the trauma of having a specimen taken for biopsy generally is sufficient to induce separation. This separation is located between the epidermis and the dermis, with the PAS-positive basement membrane zone usually remaining with the dermis. In some cases of EB letalis, autopsy has revealed that the PAS-positive basement membrane zone is not necessarily associated with the dermis. In *EB dystrophica-dominant* and *EB dystrophica-recessive*, light microscopy shows dermal-epidermal separation. A PAS stain is of little help in ascertaining the exact level of cleavage because the PAS-positive basement membrane zone may be fragmented or absent.
membrane zone often appears hazy. If recognizable, it is seen in contact with the detached epidermis or appears split. Ulcers and scars of the skin, mouth, and esophagus may give rise to squamous cell carcinomas, which tend to metastasize.

*EB acquisita* is not a genodermatosis but an autoimmune disorder.
Pathogenesis. If possible, all specimens of artificially induced blisters should be subjected to electron microscopic examination. In the epidermal types of EB, electron microscopic examination shows that cleavage is the result of degenerative cytolytic changes occurring in the lower portion of the basal cells between the dermal-epidermal junction and the...
nucleus (EM 4). Immunofluorescence mapping shows that all three antigens (type IV collagen, laminin, bullous pemphigoid antigen) are absent in the EB skin. Different mutations in the KRT5 gene can lead to the Koebner type of EB or the Weber-Cockayne type.

In the junctional types of EB, electron microscopic examination often shows the hemidesmosomes to be abnormal, especially in the lethal group. It is possible that the
abnormalities of the hemidesmosomes are a secondary phenomenon and that the basic cause of the junctional types of EB is... may have significance in reducing adhesion between the epidermis and dermis. A newly found mutation of the gene encoding beta, integrin has been found in the subset of EB letalis with pyloric atresia.
Epidermolysis bullosa = اﻠﻔﻘاﻌﻲ اﻠﺒﺸرﺔ اﻨﺤﻠاﻞ
The dermal types of EB, on electron microscopy, show abnormalities in regard to their anchoring fibrils.
Epidermolysis bullosa = اﻠﻔﻘاﻌﻲ اﻠﺒﺸرﺔ اﻨﺤﻠاﻞ