Linear IGA Dermatosis = اﻠﺨﻄﻲ اﻠﺠﻠاﺪ IGA
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Linear IgA Dermatosis
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A group of bullous disorders mediated by IgA antibodies with differing specificities for epidermal basement
Adult Type
Vesicles and bullae usually develop in patients >40 years of age, with a slight female predilection. The lesions...
Histopathology
The features are similar, if not identical, to dermatitis herpetiformis. According to some, there is less tendency for inflammation in inflamed skin. Rarely, a principally lymphocytic infiltrate may be observed, sometimes with numerous neutrophils.
IF Testing. As this test defines the disease, DIF reveals linear IgA along the basement membrane zone, such as IgA-mediated EBA, IgA antibodies bind to the dermal side of salt-split skin.
In the vast majority of cases, IgA1 is present. However, IgA2 can also be present in some cases. When IgG and IgA are both present, a diagnosis of linear IgA dermatosis should be considered. The deposition of IgG and C3 is strong, which is characteristic of linear IgA dermatosis. However, it is best to consider this a distinct disorder labeled as linear IgA dermatosis until more data are available.

One patient presented with linearly deposited IgG initially and only subsequently developed linear IgA. Antibodies have been identified in only 20% to 30% of cases. Another study has noted such antibodies in up to 75% of patients.
Pathogenesis. In the lamina lucida type of LAD, the antigens against which the IgA is directed include a 97-kD and a 120-kD protein. In the sublamina densa type, the antigen in many instances is unknown. In some cases, the antigen is 11 / 18
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type VII collagen, specifically the NC-1 domain, which is the immunodominant epitope for EBA. The events of the inflammatory cascade in IgA-mediated diseases are not well understood.

Ultrastructural Study. The antibodies are deposited principally within the lamina lucida.
Drug-associated Linear IgA Dermatosis

It is important to note that it is not infrequent for adult-type LAD to be associated with drug therapy. Vancomycin...
Childhood Type
Originally known as *chronic bullous dermatosis of childhood*, this disorder presents in prepubertal, often preschool, children and rarely in infancy. Vesicles or bullae develop on an erythematous base. Pruritus, xerosis, and fissuring may occur. The disorder usually remits by 6 to 8 years of age, but 12% in one series experienced persistent disease.

*Histopathology.* The features are similar to those of the adult-type disease. Some cases, however, resemble bullous pemphigoid because of the presence of eosinophils.
**IF Testing.** DIF testing reveals linearly deposited IgA in virtually 100% of cases. At this time...
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