

# Dermatitis herpetiformis of Dhuring

Zoran Vrucinic, Dragana Starovic

Department of Dermatology, University Hospital Clinical Center, Banja Luka, Republic of Srpska, Bosnia and Herzegovina

**Corresponding author:** Zoran Vrucinic, MD, PhD., E-mail: teledermatologija@gmail.com

**History:** Presentation of 15<sup>th</sup> years old young man with first skin lesions started five years ago as erythematous rash on elbows and knees. After few months the lesions as confluent erythematous plaques on the skin of the extensor side upper and lower extremities, back, neck and both gluteal region (Figs. 1a and 1b). On the same places there are few single and linear excoriations and non adherent crusts with intensive itching. From first skin lesions till nowadays, patient was treated by several dermatologist under diagnosis of pruritus, atopic dermatitis and eczematous dermatitis and used different types of local and systemic corticosteroids therapy, oral antibiotics antihistamines and one year of Dapson 50mg a day, but without any therapeutic effects.

PHD analysis- (Irregular acanthosis of epidermis. Partially, signs of inter and intra fluid accumulation. Dermal papilla's elongated and edematous. In single papilla's are groups of neutrophilic granulocytes (microabscess). Focal, in papilla's, presens of small splits filled with fibrin and neutrophilic granulocytes. Capillary blood vessels of the upper dermis are dilated, lined with hyperplastic and hypertrophic endothelial cells. Around are lymphocytic and neutrophilic granulocytes (PHD No 508/03.12.2014. confirmed the diagnosis of Dermatitis Herpetiformis)



**Figure 1:** (a) Erythematous, confluent plaques with central regression, "gyres like" edges, marginally lined papules and dotted crusts on the neck, scapular, thoracolumbal and significantly more gluteal area, extensor sides of the upper and lower extremities. (b) Livid reticular plaques covered with dark crusts on the both gluteal areas.

**Laboratory Examinations:** Transglutamine Antibody IgA 113 U/ml (lower limit 10 U/ml), Transglutamine Antibody IgG negative. (05.12.2015)

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