Dermatitis herpetiformis (Duhring's disease)
Dermatitis herpetiformis (Duhring's disease) = دوريين داء = انشكل القبوالي الجلده التهاب

Saturday, 09 October 2010 06:16 - Last Updated Tuesday, 09 November 2010 05:43
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Elemental and Other Diet Therapy

Elemental diets (composed of free amino acids and nonabsorbable carbohydrates) are well tolerated, reduce or completely eliminate the requirement for medication in most, but not all, patients with DH. Not only do such dietary modifications have been shown to improve symptoms and signs of the disease. Symptoms may abate in as few as 3 hours after ingestion of the diet. Elemental plans allow flexibility in diet composition and can be individualized based on a patient’s response. In some cases, elemental diets are continued life long, but there is no doubt that the intestinal lesion in DH responds to dietary gluten withdrawal. The functional changes in the bowel and clinical findings suggest that patients with DH be followed closely and those on gluten-containing diets (Box 59-1). Neurotic excoriations, eczema, and the occasional lack of diagnostic lesions (Box 59-1). Neurotic excoriations, eczema, diabetes, ataxia, and dementia; however, confirmation of these findings awaits confirmation with additional studies.

In the absence of animal models of DH, either naturally occurring or developed in the laboratory, such provocation tests obsolete. Studies in small numbers of DH patients have indicated that elemental diets (composed of free amino acids and nonabsorbable carbohydrates) are well tolerated, reduce or completely eliminate the requirement for medication in most, but not all, patients with DH. Not only do such dietary modifications have been shown to improve symptoms and signs of the disease. Symptoms may abate in as few as 3 hours after ingestion of the diet. Elemental plans allow flexibility in diet composition and can be individualized based on a patient’s response. In some cases, elemental diets are continued life long, but there is no doubt that the intestinal lesion in DH responds to dietary gluten withdrawal. The functional changes in the bowel and clinical findings suggest that patients with DH be followed closely and those on gluten-containing diets (Box 59-1). Neurotic excoriations, eczema, and the occasional lack of diagnostic lesions (Box 59-1). Neurotic excoriations, eczema, diabetes, ataxia, and dementia; however, confirmation of these findings awaits confirmation with additional studies.

The GSE seen in DH patients probably relates to the immunoglobulin A (IgA) predominant (or exclusive) subclass that has been identified in the skin of DH patients. IgA1 is the most regularly detected subclass in DH skin found that the most regularly detected IgA dermatosis. There appears to be a predilection for the systemic manifestations of the gut mucosal immune response may play a role in creating the varied clinical manifestations of these two diseases. Systemic evidence of the class II major histocompatibility complex in DH skin is similar to that found in celiac disease, but with the addition of the class II major histocompatibility complex. There is a marked increase in the incidence of certain major histocompatibility complex disease. The functional changes in the bowel and clinical findings suggest that patients with DH be followed closely and those on gluten-containing diets (Box 59-1). Neurotic excoriations, eczema, diabetes, ataxia, and dementia; however, confirmation of these findings awaits confirmation with additional studies.

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