Dermatitis herpetiformis (Duhring's disease)
Dermatitis herpetiformis (Duhring's disease) = دورة البركة الصالبة = اكتئاب الرئة

Saturday, 09 October 2010 06:16 - Last Updated Tuesday, 09 November 2010 05:43
Dermatitis herpetiformis (Duhring's disease) = دویرینین داء = اﻠﺸﻜﻞ اﻠﻌﻘﺒوﻠﻲ اﻠﺠﻠﺪ اﻠﺘﻬاﺐ
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Dermatitis herpetiformis (Duhring's disease) = دماغتیس هرپتیفورمیس (داس کال اسکین) = دماغتیس هرپتیفورمیس
Dermatitis herpetiformis (Duhring's disease) = دورينج داز = انشکل العقومي الجلد الالتهاب

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Dermatitis herpetiformis (Duhring's disease) = دورﻴﻨﻎ داء = اﻠﺸﻜﻞ اﻠﻌﻘﺒوﻠﻲ اﻠﺠﻠﺪ اﻠﺘﻬاﺐ
Dermatitis herpetiformis (Duhring's disease) = دورینغ داء = اﻠﺸﻜﻞ اﻠﻌﻘﺒوﻠﻲ اﻠﺠﻠﺪ اﻠﺘﻬاﺐ
Dermatitis herpetiformis (Duhring's disease) is characterized by papulovesicular skin lesions, often on the buttocks, nape of the neck, and extensor surfaces. The disease is associated with HLA-DQw2 and Te24, which are present in 77% to 87% of patients with dermatitis herpetiformis. The role of gluten in the pathogenesis of dermatitis herpetiformis is controversial. A gluten-free diet is effective in alleviating the skin disease within a few weeks.

**ETIOLOGY AND PATHOGENESIS**

Dermatitis herpetiformis is a T-cell-mediated disease characterized by IgA antibodies to tissue transglutaminase (Tgase) that bind to an ancestral form of tTG (Tgase-β-epidermal tTG). The disease is associated with HLA-DQw2 and Te24, which are present in 77% to 87% of patients with dermatitis herpetiformis. The role of gluten in the pathogenesis of dermatitis herpetiformis is controversial. A gluten-free diet is effective in alleviating the skin disease within a few weeks.

**INTESTINE**

Dapsone, in a dosage of 1.0 to 1.5 g daily, is particularly useful in patients intolerant of sulfa drugs. Dapsone suppresses signs and symptoms. Not all patients require daily treatment; in rare cases, 25 mg every other day is sufficient. The improvement in symptoms and signs of the disease is not immediate; 3 hours to several days may pass before the skin eruptions resolve.

**Gastrointestinal Manifestations**

A gluten-free diet is the mainstay of treatment for dermatitis herpetiformis and gluten-sensitive enteropathy. Dapsone is usually added to the regimen when the gluten-free diet is not effective, as many patients continue to have symptoms even with a gluten-free diet. The third component of complement (C3) is frequently found in the same location as IgA deposits in DH co-localize to IgA and with anchoring fibrils of the papillary dermis immediately below the basal lamina. More recently, it has been shown that IgA-containing circulating immune complexes are present in patients with dermatitis herpetiformis. Immunogenetic studies have shown that 77% to 87% of patients with DH express HLA-DQw2, and this finding has been confirmed by others. Molecular studies have shown that IgA antibodies in patients with DH bind to tissue transglutaminase (Tgase) in these diseases. There appears to be a predilection for the involvement of elastic fibers in the dermis and that in isolated GSE (GSE unassociated with DH) is essentially the same, although the mechanism whereby Tgase binds to tissue is not clear.

**Histopathology**

Dermatitis herpetiformis is characterized by papulovesicular lesions, often on the buttocks, nape of the neck, and extensor surfaces. The disease is associated with HLA-DQw2 and Te24, which are present in 77% to 87% of patients with dermatitis herpetiformis. The role of gluten in the pathogenesis of dermatitis herpetiformis is controversial. A gluten-free diet is effective in alleviating the skin disease within a few weeks.
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