Dermatitis herpetiformis (Duhring's disease) = سُرِّ الرباط الخلقية = اكتئاب الجلد
Saturday, 09 October 2010 06:16 - Last Updated Tuesday, 09 November 2010 05:43
Dermatitis herpetiformis (Duhring's disease)
Dermatitis herpetiformis (Duhring's disease) = دویرینگ داء = اﻠﺸﻜﻞ اﻠﻌﻘﺒوﻠﻲ اﻠﺠﻠﺪ اﻠﺘﻬاﺐ
Dermatitis herpetiformis (Duhring's disease)
Dermatitis herpetiformis (Duhring's disease) = دورﻴﻨﻎ داء = اﻠﺸﻜﻞ اﻠﻌﻘﺒوﻠﻲ اﻠﺠﻠﺪ اﻠﺘﻬاﺐ

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Dermatitis herpetiformis (Duhring's disease) = دورة الجلد = اندماج الحساس = انتفاخ الجلد

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Dermatitis herpetiformis (Duhring's disease)
Elemental and Other Diet Therapy

However, it is only the very highly motivated patient who can adhere to the diet, which requires strict adherence to a gluten-free diet will, after variable periods of time (from 5 months to 1 year for most patients), effectively control the DH skin lesions. A gluten-free diet is also recommended for patients with manifestations of the small intestine.

EFFECT ON THE SKIN DISEASE

Treatment of DH skin with dapsone is effective and usually sufficient. A dose of 25 mg daily is the usual therapeutic regimen, but many patients require an initial dose of 50 mg daily and may require 300 to 400 mg of dapsone per week. The patient is instructed to take the dapsone weekly in one or two divided doses, beginning with 25 mg weekly and increasing the dose by 25 mg until the dose of 300 mg weekly is reached. This can take weeks to months. Once the patient is treated with 300 mg weekly, the dose is increased by 25 mg weekly until the desired level is reached.

Dapsone is effective in the suppression of signs and symptoms. Not all patients require daily treatment; in rare cases, 25 mg daily is sufficient. Once the patient is treated with 300 mg weekly, the dose is increased by 25 mg weekly until the desired level is reached.

Diaminodiphenylsulfone (DDS, dapsone) is a broad-spectrum antimicrobial that is effective against a variety of bacteria and anaerobic organisms. DDS is effective in the suppression of signs and symptoms. Not all patients require daily treatment; in rare cases, 25 mg daily is sufficient. Once the patient is treated with 300 mg weekly, the dose is increased by 25 mg weekly until the desired level is reached.

Consider Box 59-1 Differential Diagnosis of Dermatitis Herpetiformis

IgA dermatosis

The nature of this antigen has been identified recently by the studies of Henoch-Schönlein."
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