AUTOIMMUNE BULLOUS DISEASES

# ADULT LINEAR IGA BULLOUS DERMATOSIS: REPORT OF 3 CASES

*Amal Chamli [1] - Houda Hammami [1] - Meriem Ben Rhouma [1] - Anissa Zaouak [1] - Samy Fenniche [1]*

*Habib Thameur Hospital, Dermatology, Tunis, Tunisia [1]*

Background: Linear IgA bullous dermatosis (LABD) is a rare autoimmune acquired bullous disease. Two peaks of frequency are noticed: in childhood and adulthood. Unlike child, the adult form presents less frequent remission. The most commonly used treatment is dapsone. In the light of the rarity of this entity and the importance of early diagnosis, we report 3 adult cases diagnosed early.

Observation: Three female patients followed in our department of dermatology for LABD. They are respectively 56, 31 and 36 years old. The 31-year-old patient had a medical history of chronic ulcerative colitis under salazopyrine. The other 2 patients didn't report recent use of medications or comorbidities. Upon examination showed vesicles, bullae and crusts in the trunk in 2 cases and in the lower limbs in the third case, this on an erythematous base, setting up a rosette appearence. In all cases, biopsy was performed and showed subepidermal bullous dermatosis with a predominant neutrophilic infiltrate in the upper epidermis associated to papillary microabscesses. Direct immunofluorescence (DIF) showed the presence of IgA deposits along the basement membrane zone in a linear pattern. Thus, diagnosis of linear IgA dermatosis was assessed. All patients were treated with dapsone 100mg/day associated to dermocorticoids. In one case (36-year-old patient), the dapsone was suspended due to side effects (methemoglobinemia and distal motor neuropathy) and prednisone was prescribed with improvement. The patient followed for ulcerative colitis achieved complete control 8 years after the onset of symptoms. The third patient had interrupted the dapsone on her own and she returned with a relapse of the disease, dapsone was prescribed again.

Key messages: Our cases highlight the importance of combining a careful history taking, clinical and anatomapathlogy findings to confirm the diagnosis at the onset of the disease.