



AUTOIMMUNE BULLOUS DISEASES

ATYPICAL PRESENTATION OF DERMATITIS HERPETIFORMIS

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Background: The dermatitis herpetiformis (DH) is an uncommon autoimmune cutaneous eruption characterized by the development of intensely pruritic vesicles and papules that occur in grouped arrangements. It is associated with gluten-sensitive enteropathy (celiac disease) in more than 90% of cases. In most of these cases, the enteropathy is asymptomatic. The elbows, dorsal forearms, knees, buttocks, back and scalp are among the most common sites of involvement. The face is less commonly affected. Direct immunofluorescence microscopy (DIF) is the gold standard for diagnosis. Linear IgA dermatosis (granular deposits of IgA along the basement membrane), atopic dermatitis and the prodromal phase of bullous pemphigoid should be considered in the differential diagnosis. We report a new case of DH located on the scalp and the face.

Observation: A 55-year-old man presented with one year history of pruritic lesions on his face, neck and scalp. Physical examination revealed multiple papules on the lateral aspects of the neck, two tense bullae on the forehead and scalp. Erosions and excoriations were also observed. Histologic examination showed subepidermal blistering associated with eosinophilic and neutrophilic infiltrate of the superficial dermis. Direct immunofluorescence examination displayed granular immunoglobulin A (IgA) deposits in the dermal papillae compatible with DH. Laboratory studies including routine biology and endomysial and transglutaminase antibodies were negative. Patient was started on dapsone 50 mg per day and was informed to follow a gluten free diet. The disease markedly improved with no significant lesions one month later.

Key message: We report a rare and atypical case presentation of dermatitis herpetiformis of the face and the scalp with a quick efficiency of dapsone.

