



AUTOIMMUNE BULLOUS DISEASES

# LINEAR IGA BULLOUS DERMATOSIS SIMULATING EPIDERMOLYSIS BULLOSA PRURIGINOSA

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**BACKGROUND :** Linear immunoglobulin A (IgA) bullous dermatosis (LABD), also known in the literature as linear IgA dermatosis

**DISCUSSION:** 50 yr old female known case of diabetes came with history of multiple pruritic fluid filled lesions on both the extremities on and off for three to four months . Cutaneous examination showed multiple vesicles and bullae on the legs and calf , surrounding skin showed few hyperpigmented macules.

A skin biopsy was obtained from the vesicular lesion which showed subepidermal blister with numerous neutrophils and several eosinophils in the blister. Dermis showed a dense mixed infiltrate of lymphocytes ,neutrophils and eosinophils . Periphery of blister showed aggregation of neutrophils within the dermal papillae.

Her complete blood count , G6PD , SGPT , Sr creatinine and fasting blood sugar were within normal limits.

This patient was started on oral dapsone, levocetirizine and topical clobetasol propionate with fusidic acid showed a dramatic improvement of the lesions within few weeks. Most of her lesions resolved leaving slight scaling and post inflammatory hyperpigmentation.

**Key message:** Our patient had localized lesions which looked like epidermolysis pruriginosa on the legs and responded well to oral dapsone with almost complete resolution .

