



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

LINEAR IGA DISEASE SUCCESSFULLY TREATED WITH DAPSONE: CASE REPORT AND REVIEW OF LITERATURE.

Roberto D'astolto⁽¹⁾ - Emma Mori⁽¹⁾ - Carolina Fantini⁽¹⁾ - Claudio Feliciani⁽¹⁾

Università Di Parma, Clinica Dermatologica, Parma, Italy⁽¹⁾

Background: A 38 years old South-American woman referred to our clinic for circinate bullae with erythematous and edematous edge. These itchy lesions were located on all cutaneous surface, except face, palms and plants. Mucous membranes were not involved. Eruption appeared after flu syndrome, treated with amoxicillin and antipyretics. The patient was otherwise healthy and there was no relevant family history or past history of systemic disease. Laboratory exams were non-contributory other than an increased value of transaminases and gamma-GT. A skin biopsy from the left leg was performed.

Observation: We clinically made diagnosis of linear IgA disease and, after suspension of antibiotic and antipyretics, we started therapy with topical corticosteroids. Histopathology of a lesional biopsy showed subepidermal splitting and an infiltrate with neutrophils in the papillary dermis forming microabscesses, lymphocytes were present perivascularly in the upper dermis. Direct immunofluorescence of a perilesional biopsy confirmed linear deposition of IgA at the dermo-epidermal junction. At this time, given the lack of improvement in skin condition, our patient started dapsone at the dosage of 100 mg per day, after exclusion of glucose-6-phosphate dehydrogenase deficiency and under close monitoring of laboratory values. Cutaneous lesions resolved after few weeks of treatment.

Key message: Although it is described the possibility of spontaneous remission dapsone remains the first line treatment in linear IgA disease, with great results and low incidence of side effects.

