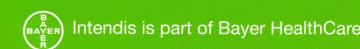
# Berlin Dermatology Day International Case Forum

April 30 | 2011 and July 02 | 2011



**INTENDIS** 



# Dario Fai | Ivana Romano

## Daniele-Romasi Hospital | Gagliano del Capo | Lecce | Italy

#### Case Background:

**Gender:** Female | **Age:** 29 years | **Reason for visit:** The patient complained of stinging, itching and sometime skin burning. Skin examination clearly showed edematous (urticarial) papules, vescicles and crusted erosions distributed simmetrically over the shoulders, especially on the scapulae, and elbows; the scalp was also involved. The lesions were recurrent and healed spontaneusly leaving postinflammatory hypopigmentations

**Additional test results:** Blood test: AGA (IgA anti-gliadin antibodies) ++, EMA (Immunoglobulin A antiendomysium antibodies) ++, tTGA (IgA anti-tissue transglutaminase) ++, Tolerance or Measure of Digestion/Absorption Tests, Lactose tolerance test, D-Xylose test, Skin biopsy, Skin histology: The histology in this case is classic, with aggregates of neutrophils in the dermal papillae, At higher power of the same lesion, we can appreciate the aggregates of neutrophils within the dermal papillae. There is focal collagen breakdown and the beginning of a subepidermal cleft. Direct Immnofluorescence: The immunofluorescence was performed and confirmed the presence of IgA deposition in these papillae, but the diagnosis could be made on H&E. The differential diagnosis includes linear IgA disease, but the prominent dermal papillary aggegates would be unusual for that entity

### 1. What is your diagnosis?

- A Dermatitis Herpetiformis
- B Linear IgA Dermatosis
- C Nummular Dermatitis
- D Insect bites

## 2. What is your choice of treatment?

- A Topical cortico-steroids
- **B** Antihistaminic
- C Gluten free diet
- D Dapsone
- E Sulfones

#### Clinical findings



Histology

