

CASE REPORT

CASE REPORT OF BULLOUS TYPE OF DERMATITIS HERPETIFORMIS TREATED WITH DAPSONE

By

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Dermatitis - Herpetiformis (Dühring's disease) is an extremely pruritic, and an uncommon chronic skin disease, characterised by recurrent bouts of extremely pruritic polymorphic eruptions on skin. Mucous membrane is rarely involved. The disease is more in males than females and appear in middle life. The lesions are usually bilaterally symmetrical, involving more commonly fore-arms, thighs, scapular and sacral areas. The victims are commonly neurasthenic and nervous, often mainly hypomanic. The typical clinical form is grouped vesicles, and the walls of the vesicles are thick and rarely rupture. Usually lesions heal forming hyperpigmented areas. From general medical stand point, the disease runs a benign and protracted course. The patients are generally in good health with no systemic disturbance. Histologically the vesicles and bullae forms without acantholysis beneath the epidermis, as sub-epidermal pressure bullae, with cellular infiltrate, the predominant cell being eosinophil. The significance of the flare up of this disease with iodide patch test (30 per cent Potassium iodide), or ingestion of Lugol's solution, is neither understood, nor a safe procedure to be used regularly for clinical diagnosis.

CASE REPORT

S. Female aged 12 years reported on 4.2.1965 to the out-patient department, with itchy vesiculo bullous eruptions on body, occurring in crops from 7 months. The lesions started on scalp, and within a period of week, the whole body is involved. She took all types of treatment (local and systemic) with no use.

On examination, vesiculo bullous and some crusted lesions were seen on face, scapular area, elbows and knees, fore-arms and thighs. Some of the vesicles are grouped. Mucous membrane is free systemic examination revealed Nil abnormal. No similar complaint in any of her family members.

Laboratory investigations revealed Haemoglobin 55% Total leukocytic count-7000 per cmm, D.L. 6: P₈₃ L₁₄ E₀ M₂ Biopsy of bulla showed sub epidermal split with round cell infiltration.

She was given DAPSONE orally daily 25 m. gms. with supportive therapy with Iron orally, and B. Complex by injections. Within a period of 10 days all lesions subsided, and itching also disappeared. The lesions after healing left hyperpigmented areas. The Patient was kept under observations till 5-3-1965 during which period no new lesions appeared.

DISCUSSION

Dermatitis. Herpetiformis usually occurs in middle life, even though no age is exempt, and is more common in Males. The case reported here is in younger age group, and is a Female. Lesions on skin in this case are more bullae than vesicles. Usually face is spared in this disease, but the case reported face also in not spared. The cell count of bullous, fluid and blood did not show marked increase in eosinophils. The diagnosis in this case is confirmed by histo-pathological study, and response to DAPSONE therapy is effective.

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