

*DERMATITE DE DUHRING-BROCQ*

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**Case 1**

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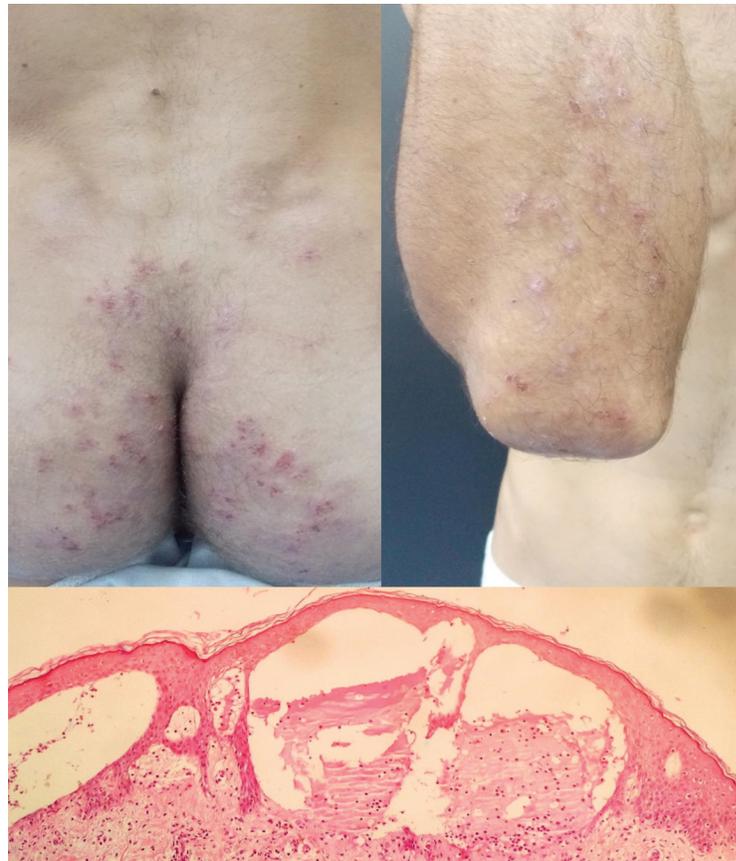
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A 31-year-old male presented with confluent erythematous blisters and some hard crusts on his forearms, buttocks and thighs. Histopathological examination of one of the lesions was performed, showing subepidermal blisters containing rare neutrophils and eosinophils. A moderate mononuclear and neutrophilic infiltrate consistent with dermatitis herpetiformis was observed around the vessels in the superficial dermis (figure 1).

Treatment consisted of a gluten-free diet.

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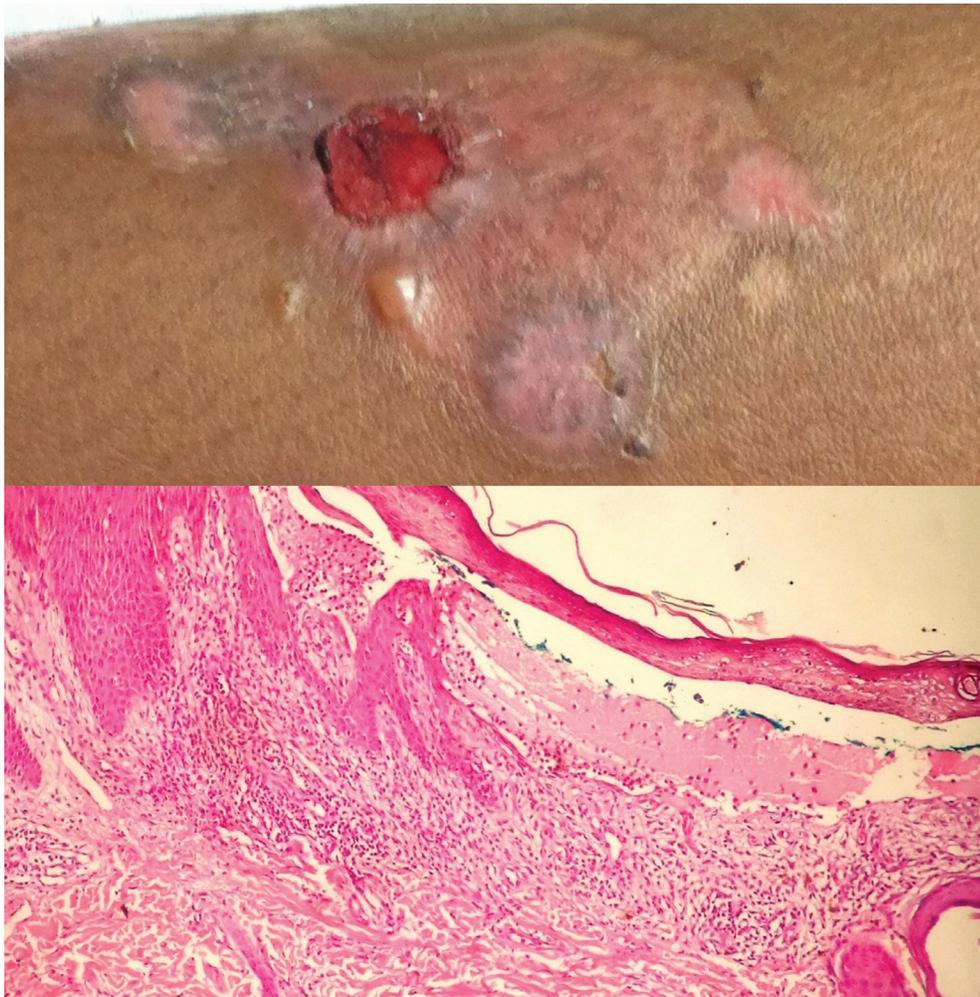


**Figure 1:** Image showing the presence of blisters and some exulcerations on forearms and buttocks. Histopathological examination reveals subepidermal blisters containing rare neutrophils and eosinophils.

**Case 2**

A 6-year-old female initially presented with vesicles in the nasal region and on her forearms and lower limbs; some of the lesions evolved to crusts. Pruritus was presented. The condition was first treated as bullous impetigo, and had improved

with treatment. However, only a few days after finishing treatment, the patient developed new vesicles in previously healed areas of the forearms. Histopathological examination of the lesion was performed, showing a subepidermal blister containing neutrophils, corresponding to dermatitis herpetiformis (figure 2).



**Figure 2:** Image showing the presence of blister in a previous healed area. Histopathological examination reveals a subepidermal blister containing neutrophils.

Treatment consisted of a gluten-free diet and dapsone 25mg/day, and the patient showed improvement of the lesions.

Dermatitis herpetiformis or Duhring-Brocq disease is an autoimmune disease with the presence of a pruritic papular rash with symmetrical blisters on knees, elbows, scalp<sup>1-3</sup>. The mucous membrane is usually preserved<sup>4</sup>.

It is characterized as a rare disease, with a prevalence varying according to the country examined. In adult male patients, this disease had a ratio of 2:1; however, under 20-year-old female patients are the most affected, with a ratio of 12:8<sup>3</sup>. Additionally, cases of dermatitis herpetiformis have been reported in the same family<sup>3</sup>, and 10-12% of patients had spontaneous remission<sup>2</sup>.

Its histopathology is characterized by subepidermal blisters with neutrophilic infiltrate at the apex of the papillary dermis<sup>1,3,4</sup>. Direct immunofluorescence shows granular IgA deposits<sup>1-3</sup>.

Celiac disease antibodies can also be found in dermatitis herpetiformis<sup>2</sup>. Because it is an autoimmune disease, the presence of thyroid disease, diabetes mellitus type 1, pernicious

anemia, and connective tissue disease should be investigated<sup>3</sup>.

The treatment of Duhring-Brocq's disease must be performed to make the lesions disappear and to reduce the risk of gastrointestinal lymphoma<sup>4</sup>. The patient should do a gluten-free diet or receive dapsone or derivatives of sulfones<sup>1</sup>.

Dapsone shows rapid improvement of the skin condition, but it does not act in the gastrointestinal tract, which is an important aspect to be considered, since patients can show structural alterations of the gastrointestinal mucosa even without symptoms of celiac disease<sup>1</sup>. Patients using dapsone are required to follow gluten-free diet for at least five months before beginning to wean off medication, and weaning has to be slow and gradual because of the high chance of recurrence<sup>1</sup>.

Since a gluten-free diet improves both the skin condition and the gastrointestinal tract, as proven by histopathology, it is the only treatment that reduces the risk of gastrointestinal lymphoma<sup>1,3,4</sup>.

Sulfapyridine and sulfasalazine are less effective than dapsone, but these medications lead to a greater improvement in the skin condition and in the gastrointestinal environment<sup>1</sup>.

## REFERENCES

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