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Differential diagnosis of ampulous diseases: dermatitis herpetiformis an uncommon autoimmune disease due tu gluten intolerance

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Background & Aim: Ampulous diseases (AD) are unfrequent dermatosis, and represent a challenge for differential diagnosis. One of the most common AD is dermatitis herpetiformis (DH), and it is often associated to gluten intolerance. The aim is to describe a clinical case of DH associated to gluten intolerance and the differential diagnosis done.

Method: A 22-year-old woman was visited on november 2015, due to the presentation of very pruriginous skin erythematous papular eruption on pubis, forearms, back, left shoulder and buttocks of 1 month lasting. When reviewing the medical history of the patient, she had positive anti-transglutaminase antibodies on 2013, but she continued eating food containing gluten. Moreover, she explained that she increased gluten intake in her diet in the previous two months. Tests done on the current visit were cutaneous culture of back lesion, biopsy of buttock lesions and fibrogastroscopy.

Results: Cutaneous culture was positive for Pseudomona luteola. Biopsy showed perivascular superficial dermatitis at the expense of lymphocyts and ocasionally eosinophils; discrete hyperplasia of the epidermis with mild exocytosis of lymphocytes and mild hyperkeratosis. Direct immunofluorescence microscopy (DIF) was negative. Fibrogastroscopy reported moderate villous atrophy, crypt hyperplasia and intraepithelial lymphocytosis >40% CD3, Marsh 3b.

Conclusions: According to the results and the clinical facts, even when the gold standard test is DIF and in this case is negative, we can conclude that this case is a DH due to the positivity of antibodies anti-transglutaminase, the typical celiac lesions on the fibrogastroscopy and a cutaneous biopsy compatible for DH. When the patient was advised to follow a free-gluten diet, the lesions started to disappear and 2 months later they were practically gone.