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CLINICAL IMAGE

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Pruritic annular and vesicular eruption on trunk and extremities

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Abstract

We report a case of linear IgA bullous dermatosis, a rare autoimmune blistering disorder that usually presents with the abrupt onset of tense bullae. We also emphasize the importance of direct immunofluorescence for the definitive diagnosis.

KEYWORDS

direct immunofluorescence, immunobullous disease, linear IgA, methylprednisolone, vesicular eruption

1 | CLINICAL IMAGE

A 29-year-old Caucasian male patient presented with a 5-month history of a widespread pruritic annular and vesicular eruption on the trunk and extremities (Figures 1 and 2) with no mucosal involvement. This was thought to be dermatitis, and he had received topical mometasone furoate 0.1% cream and emollients once daily for four weeks with no benefit. The histology of a skin biopsy revealed a subepidermal blister with a predominantly polymorphonuclear infiltrate (Figures 3 and 4). Direct immunofluorescence (DIF) showed linear deposition of IgA at the dermoepidermal junction (Figures 5 and 6). The patient responded well to a gradually reduced course of oral methylprednisolone starting from 32 mg once daily and remained in remission.

2 | WHAT IS YOUR DIAGNOSIS?

Linear IgA.

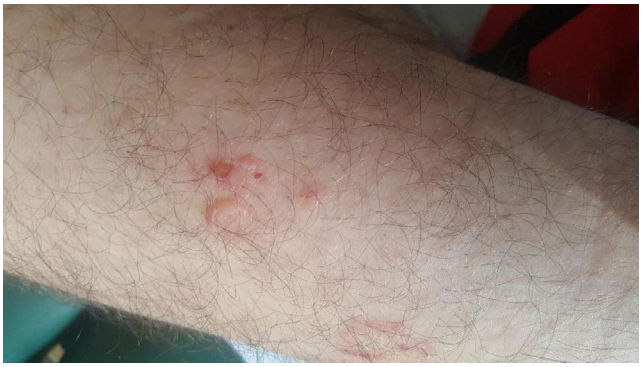

FIGURE 1 Vesicles and annular lesions on his right arm

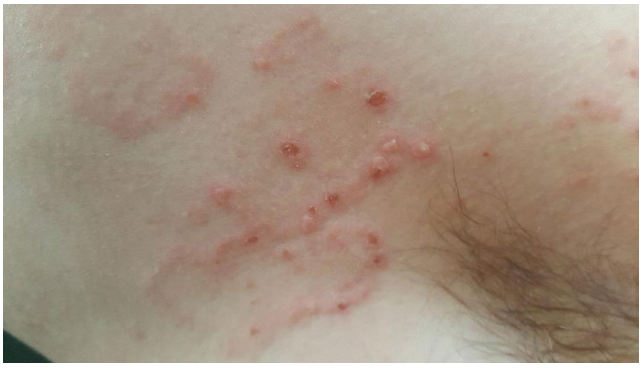

FIGURE 2 Widespread arcuate annular erythematous lesions involving the trunk

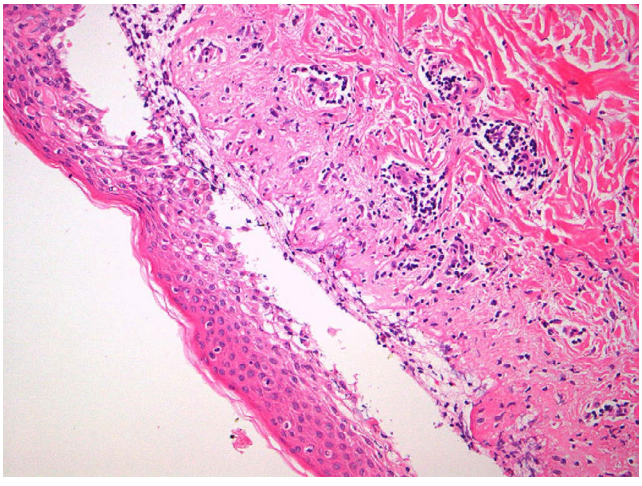

FIGURE 3 Histology reveals a subepidermal blister with a predominantly polymorphonuclear infiltrate (Hematoxylin and eosin stain, magnification 20)

3 | DISCUSSION

Linear IgA bullous dermatosis (LABD) is a rare disorder that clinically it presents with abrupt onset of tense vesicles and bullae as blister formation in LABD occurs subepidermally.[1] Differential diagnosis includes bullous pemphigoid,

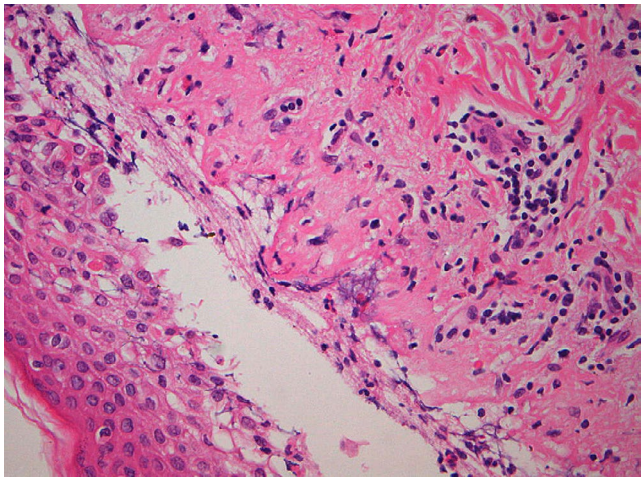

FIGURE 4 A skin biopsy showed a subepidermal blister with neutrophilic and eosinophilic infiltrate (Hematoxylin and eosin stain, magnification ×20)

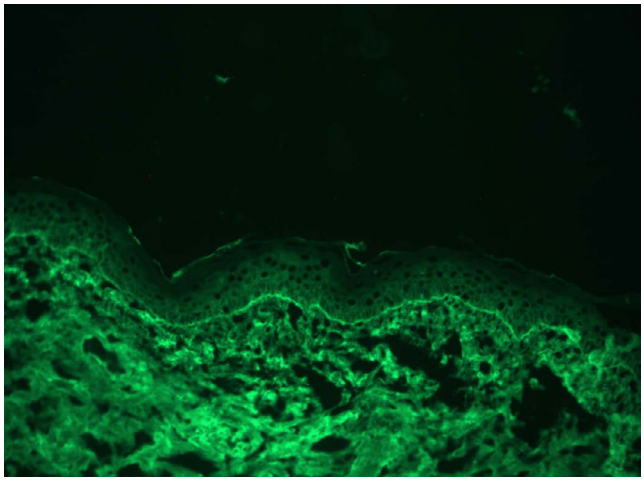

FIGURE 5 Direct immunofluorescence (DIF) shows a linear band of IgA at the dermoepidermal junction, (direct immunofluorescence, magnification ×40)

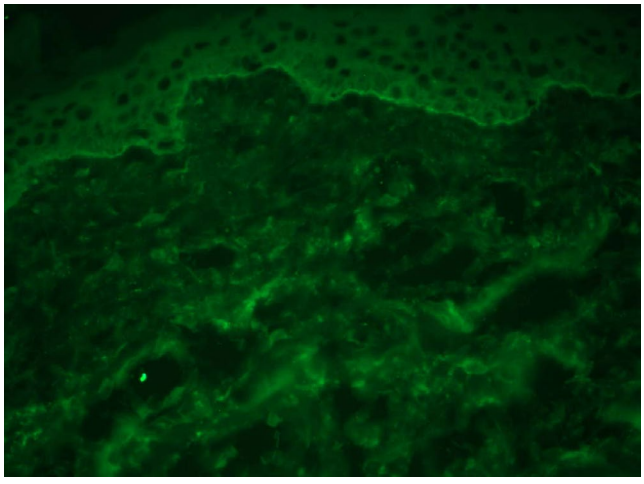

FIGURE 6 Linear deposits of IgA along the basement membrane zone via direct immunofluorescence (DIF) (direct immunofluorescence, magnification ×40)

dermatitis herpetiformis, pemphigus, and epidermolysis bullosa acquisita.[1,2]

Although the findings of routine histopathologic examination of affected tissue may suggest LABD, the gold standard for diagnosis is the demonstration of linear deposits of IgA along the basement membrane zone via direct immunofluorescence (DIF).[2]

CONSENT STATEMENT

Informed written consent was obtained from the patient for publication of his images.

ACKNOWLEDGMENTS

Published with written consent of the patient.

CONFLICT OF INTEREST

None declared.

AUTHOR CONTRIBUTIONS

DK, VK, SB, AK, PB,LB, and OM: contributed to conception and design, acquisition, analysis, and interpretation of data; involved in drafting the manuscript and revising it critically for important intellectual content; and gave final approval of the version to be published. CK: provided the histology and immunofluorescence slides for this case. MS, GE, SEKK, and KK: involved in drafting the manuscript and revising it critically for important intellectual content.

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