



## PIC QUESTION OF THE WEEK: 10/13/06

Q: What is the treatment of choice for dermatitis herpetiformis?

A: Dermatitis herpetiformis (DH) is a cutaneous disorder most often associated with gluten intolerance. Patients with DH often present with histopathologic changes in the small intestine that are consistent with celiac disease (gluten sensitive enteropathy, celiac sprue, etc.). However, patients with DH typically present with mild or no gastric symptoms. The condition most commonly affects young males. DH is an intensely pruritic, blistering skin eruption comprised of small clusters of red papules. Patients with DH experience symptoms that usually include intense burning, stinging, and pruritus around the elbows, knees, scalp, buttocks, and back. Patients with DH typically have an IgA regulated allergy to gluten, a heterogeneous group of proteins found in grains such as wheat, barley, and rye. When manifested in the intestinal tract, this IgA mediated reaction results in destruction of intestinal villi and classic symptoms of abdominal pain, malabsorption, and diarrhea. In patients with DH, this antibody complex deposits in the skin and contributes to a cascade of immune and inflammatory responses. These are associated with attraction of neutrophils, activation of the complement system, and subsequent rash. Once DH is diagnosed, treatment is life-long. Although a gluten-free diet may reduce or eliminate the need for drug therapy, it is often difficult for most patients to maintain. Even after elimination of gluten from the diet, it may take up to six months for improvement. Iodine has been suggested to aggravate DH; however, ingestion of limited amounts in the diet appears acceptable. The *sulfone* derivative dapsone is considered the drug of choice for DH and frequently reduces pruritus within 24 hours of initiating therapy. It is usually started at a dose of 50mg per day and adjusted up to a daily dose of 300mg. Higher doses may be used if full control is not achieved, but minimum effective doses should be attained as soon as possible. The most common adverse effects of dapsone include gastrointestinal complaints and headache. Severe reactions include blood dyscrasias and hemolytic anemia. Although cross-sensitivity with sulfonamides has been suggested, dapsone is generally tolerated in patients with *sulfa* allergy.

### References:

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Jennifer M. Cersosimo and Tina M. Pezzella, Pharmacy Clerkship Students

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