

CASE REPORT

# A subepidermal blistering disorder

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A young woman presented with generalised tense blisters. A tentative diagnosis of linear IgA bullous dermatosis (LABD) was supported by biopsy findings. Dramatic improvement was noted after 5 days of treatment with dapsone.

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### Case report

A young woman presented with generalised tense blisters, which had developed 2 days earlier (Fig. 1). There appeared to be no mucosal involvement, and the distribution mainly involved the face, trunk and extremities. There had been no previous drug exposure. She had neither clinical signs of autoimmune disease nor evidence of sepsis. Given the abrupt onset and clinical scenario, a skin punch biopsy was performed and a tentative diagnosis of linear IgA bullous dermatosis (LABD) was made.

Dapsone, an immunomodulatory sulfone that has been supported for use in LABD by case reports and clinical observation, was administered to the patient. An adjunctive oral corticosteroid was added to accelerate resolution. The biopsy findings were supportive of a subepidermal blistering disorder, such as LABD. Subepidermal sections demonstrated fibrin, neutrophils and focal eosinophils. Perivascular infiltrate of lymphocytes was identified in the dermis.



Fig. 1. Multiple blistering lesions evident on admission.



Fig. 2. Clinical response noted at day 5 of therapy. The blistering lesions had resolved, leaving hypopigmented macular areas.

Immunofluorescence was unfortunately unavailable. After just 5 days of therapy, dramatic improvement was noted (Fig. 2), and she continued to improve.

LABD remains an uncommon condition, with incidence rates reported to be ranging from <0.5 to 2.3 cases per million individuals per year.