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DERMATITIS HERPETIFORMIS

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Dermatitis herpetiformis is a chronic inflammatory disease characterized by the multiformity of its lesions and the tendency of the eruption to recur and vary in form. In severe cases the onset may be heralded by malaise, anorexia, chilliness and fever, and these general symptoms may persist for a day or two after the outbreak of the rash. Itching which is always severe may be present also before the eruption. The lesions appear gradually or slowly over small or large areas or scattered over the greater part of the body surface. They have no predilection for any particular region but exhibit a marked tendency to appear in groups. The eruption is usually profuse. All types of primary efflorescences occur but are not equally common. Vesicles are the most common and may constitute the entire rash or be associated in great or small number with one or more of the other forms of lesions. The vesicles vary from pin head to pea size though blebs larger than cherries are not exceptional. They are circular or more often irregular, angular or even stellate in outline, usually tense with little tendency to rupture and very often without areolae. They may arise from the sound skin or develop upon papules, and their contents may be clear or turbid. Vesicles closely situated sometimes coalesce to form bullae. The vesicles appear in crops at intervals and persist three or four days before they dry to crusts which fall off and leave little pigmented spots. As they dry the walls shrivel and frequently appear puckered. Itching and burning are intense but are usually somewhat relieved by rupture of the vesicles. After an attack has persisted for many months the skin becomes much ex-

coriated from scratching and pigmentation is apt to be well pronounced. Pustules are much like the vesicles except they are more uniformly provided with areolae. When they are numerous constitutional disturbances usually develop. Erythematous lesions closely resemble those of erythema multiforme or they may have urticarial features. Sometimes the entire eruption is erythematous but its character is likely to change either during the attack or in a relapse. Papules are not uncommon, associated with other lesions but are seldom seen alone, and then only in mild attacks though the itching may be no less severe than in the other forms. Erosions and sloughing patches sometimes occur in the mouth, most often associated with bullae on the skin. The duration of the disease is months or even years. It assails individuals of either sex and at any period of life though more commonly between the ages of thirty and sixty years. In women it develops not infrequently during pregnancy (herpes gestationis). The etiology is unknown; the disease is supposed to be a trophoneurosis. **DIAGNOSIS:** In classical cases the chronicity of the disease with its recrudescences and relapses, the multiformity of the lesions and their tendency to group and vary in type, the irregularity of their evolution and distribution, the pruritus and pigmentation, form a combination which is unmistakable, though in some instances many days' observation may be necessary to distinguish the disease from *erythema multiforme* and *pemphigus*. **TREATMENT:** The disease is very rebellious to treatment. General roborant measures and anti-pruritic applications are indicated.