

2-TOM, 2-SON  
DIAGNOSIS AND TREATMENT METHODS OF DURING'S  
HERPETIFORM DERMATITIS

Murodova Mexribonu Asrorovna

Student of the Faculty of Pediatrics of Samarkand State Medical University

[mehribonumurodova@gmail.com](mailto:mehribonumurodova@gmail.com)

Hakimova Asilabonu Ikrom qizi

Student of the Faculty of Pediatrics of Samarkand State Medical University

[hakimovaasilabonu@gmail.com](mailto:hakimovaasilabonu@gmail.com)

**The purpose of the study:** to study the diagnosis and treatment methods of Düring's dermatitis herpetiformis disease.

**Research materials and methods:** Düring's herpetiform dermatitis is a chronic children's disease, the symptoms of which cause both physical and mental discomfort to patients. The causes of the disease are different: it is observed in various pathological changes in the central and peripheral nervous systems, in mental diseases, when the activity of the endocrine glands is disturbed, in women, in pregnancy and in the subsequent period, in frequent occurrence of dermatosis, in allergotoxic, autoallergic conditions. In the clinical course of the disease, in particular, the appearance of rashes in clusters, compares this disease to simple blisters (herpes) and calls it herpetiform dermatitis. Dermatoses often occurs in people aged 25-50, sometimes in children and the elderly. Men are more prone to this disease. The disease is distinguished by its polymorphic rashes. First, the primary elements: erythema, vesicle, blister, nodule, pus, convexity, and then erosion, crusts and coins appear. The rash is characterized by a symmetrical lumpy arrangement (herpetiformity), as well as a chronic, relapsing course. The disease is accompanied by severe itching, burning, and sometimes pain. It continues with the appearance of erythematous nodules, bumps, and blisters and pus on the affected areas of the patient's body, legs, and arms. Sometimes blisters appear, and they look like pemphigus. Hemorrhagic fluid may also be present in blisters, vesicles, and pus. Later, as a result of hardening of the rash, erosions, scabs, crusts, etc. appear. Damage to the mucous membrane is very rare (10%), Nikolsky's symptom is negative. Eosinophilia is observed in the blood and blister fluid of patients, and the presence of immunoglobulin in the basement membrane is determined by means of immunofluorescence. As a result of gluten entropy, iron or folic acid deficiency anemia may develop. In addition, in diagnostics, skin biopsy is studied by direct immunofluorescence, which allows to identify granular deposits of Ig A in the



## 2-TOM, 2-SON

papillary dermis; cytological examination of cystic fluid; histological examination of skin biopsy; such as the study of blood serum are used. The disease lasts a long time and flares up from time to time. When diagnosing the disease, it is necessary to take into account the sensitivity of dermatosis to iodine. A 50% iodine ointment is applied to the skin or a 3-4% potassium or sodium iodine solution is drunk (Yaddason's test). When the iodine solution is drunk, the disease is very aggravated, and when the ointment is applied, the skin may turn red and new rashes may appear after 24-48 hours. But it is not appropriate to use such a method of diagnosis during the acute stage of the disease, otherwise bad consequences may occur. Instrumental diagnosis is not necessary. In some patients, it is recommended to consult a gastroenterologist to determine gluten enteropathy, which causes steatorrhea. Treatment should be started with a gluten-free diet, which eliminates enteropathy. In parallel, treatment with sulfones begins. Diaminodiphenylsulfone (DDS) is the main drug in the treatment of the disease. It is recommended to use this drug according to the course of treatment: it is prescribed to drink 0.1 g 2 times a day. The medicine is taken for 5 days and 3 days off. Sometimes DDS is also used as a trial treatment. A good result is obtained when sulfonamides are given. When the disease is severe, DDS is used together with corticosteroid drugs. Also, antihistamine drugs and vitamins are recommended, which increase the overall strength of the body, desensitizing. Hormonal ointments (flucinar, sinara, celestoderm, etc.) are used as local treatment. It is recommended to apply aerosol and aniline paints to erosions.

**Results of the study:** The causes, symptoms and effects of the drugs used in the treatment of dermatitis herpetiform disease were written.

**Conclusion:** The investigations showed that the first step in the treatment of dermatitis herpetiformis is to strictly follow a gluten-free diet. Usually this disease does not cause complications by itself, it is not related to another condition. But the complications of this condition come from the autoimmune nature of the disease, because the overreaction of the immune system is a sign that something is not working well and can cause problems in other parts of the body that are not related to the digestive system. If affected people follow a gluten-free diet, the risk of developing complications of dermatitis herpetiformis is significantly reduced.



## 2-TOM, 2-SON

### References:

1. Freedberg et al. (2003). Fitzpatrick's Dermatology in General Medicine. (6th edition). McGraw-Hill. ISBN 0-07-138076-0.
2. "Perioral Dermatitis". Retrieved 2010-06-23.
3. "Dermatitis Herpetiformis". The HealthScout Network. Archived from the original on 2009-02-25. Retrieved 2009-07-22.
4. "Herpetiform dermatitis". National Digestive Diseases Information Clearinghouse. Archived from the original on 2009-07-20. Retrieved 2009-07-22.
5. Huma A. Mirza;Amani Gharbi;William Gossman.(2022)."Dermatitis Herpetiformis".StatPearls in National Center for Biotechnology Information. PMID 29630215. Last update: July 11, 2019.

