(Dermatology)

بسم الله الرحمن الرحيم

(وننزل من القرآن ما هو شفاء ورحمة للمؤمنين ولا يزيد الظالمين إلا خسارا)

صدق الله العظيم ... الآية ٨٢ الإسراء

LECTURE : 6TH

DR. ABDULAH SALIH AL-HASAN

Causes of blistering

Physical	Friction, burns, pressure, edema Miliaria
Inherited	Epidermolysis bullosa (mild physical damage, inherited predisposition to blistering)
	Hailey-Hailey disease
Inflammatory	Eczemas, pompholyx drug and plant phototoxicity
	Erthema multiforme and stevens-johnson syndrome. toxic epidermal necrolysis
	Fixed drug eruption
	Vasculitis
	Neutrophilic dermatoses (sweet's disease, pyoderma gangrenosum, subcorneal pustular dermatosis,
	Rare variants of SLE, lichen planus
Infections	Bacterial : staphylococci (impetigo, staphylococcal scalded skin , blistering distal dactylitis), streptococci (impetigo , cellulitis, blistering distal dactylitis)
	Viral : herpesviruses (herpes simplex , varicella , herpes zoster) : hand , foot, and mouth disease
Bites and infestations	Insect bites
	Scabies
Immunobullous	Pemphigus, pemphigoid, cicatricial pemphigoid dermatitis herpetiformis, linear lgA disease/chronic bullous dermatosis of childhood, epidermolysis bullosa acquisita, pemphigoid gestationis
Metabolic	Poephyria , pseudoporphyria amyloid

*Erythema Multiforme- EM.
*Aetiological factors
1-Infection
2-Drugs
3-Internal dis
4-Physical agents
5-Idiopathic
*The main area of predelection
*There are 2 types of E-M
1- Simple E-M
2- Sever type of E-M or steven Johnsoa syndrome

Bullous diseases

Pemphigus

1.pemphigus vulgaris .

2. pemphigus vegetans .

3. pemphigus folacious .

4.pemphigus erythematosus

Complication

Investigation .

1.skin biopsy .

2.direct immunofluorescence .

3.Indirect immunofluorescence .

Treatment

*high doses of systemic steroids.

*Immunosuppressive . Azathioprine .

*cyclophosphamide .

*Gold I.M. or oral .

-Bullous pemphigoid

-Complication

-Investigation

-Treatment

The differences between pemphigus & bullous pemphigoid

Pemphigus	Bullous pemphigoid
1.effect middle age patients	-elderly
2.poor health	-Good health
3.the lesions are flaccid blisters on normal skin	-the lesions are large tense bullae
4.oral involvement is common	-oral involvement is rare
5.histopathology – intrepidermal blisters	-subepidermal blisters
6.it requires high doses of systemic steroids up to 300 mg / d prednisolone	-requires 40-60mg/ d prednisolone

*Cicatricial pemphigoid
*Chronic Benign Bullous Disease of childhood (CBBDC)
*Linear Ig A bullous diseasa .
*Pemphigoid gestationis (herpes gestationis)

*Dermatitis herpetiformis (D . H).

*DDX .
*Investigation .
*Treatment .
*Side effects of dapsone .
*Toxic epidermal necrolysis (Lyell's disease).
*DDX .
*Treatment .
*Staphylococcal . Scalded skin syndrome (SSSS)

*Epidermolysis bullosa (EB) .

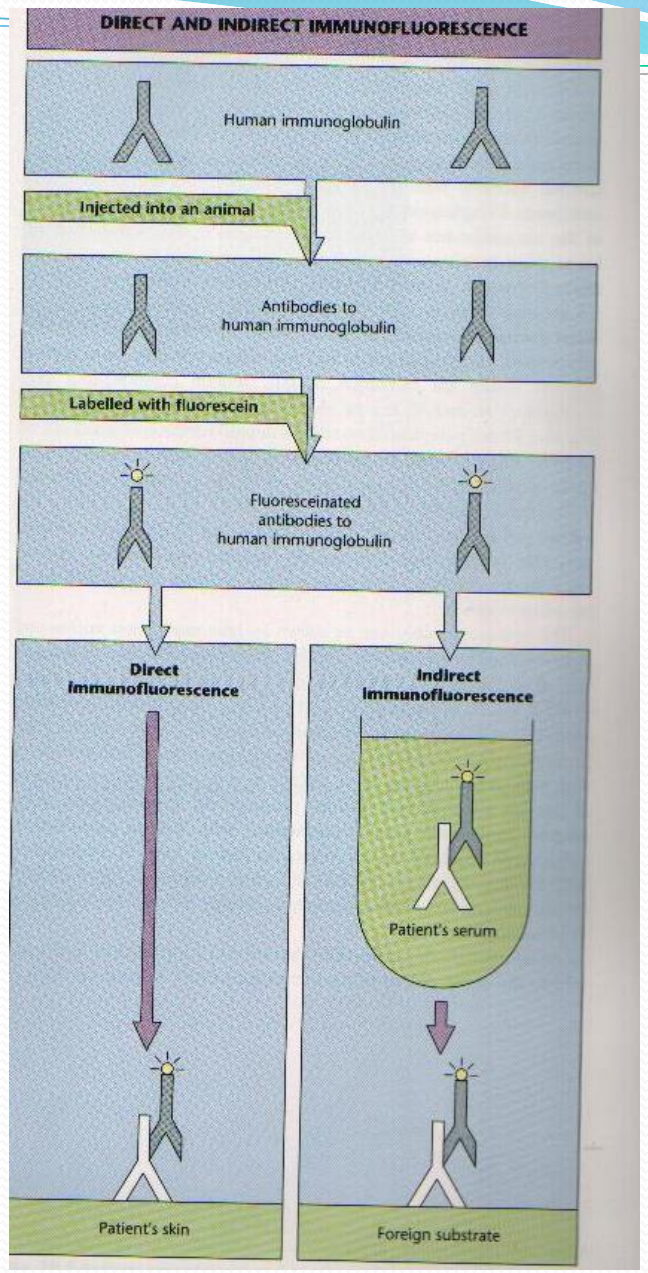
1.Simple epidermolysis bullosa .

2-Junctional epidermolysis bullosa .

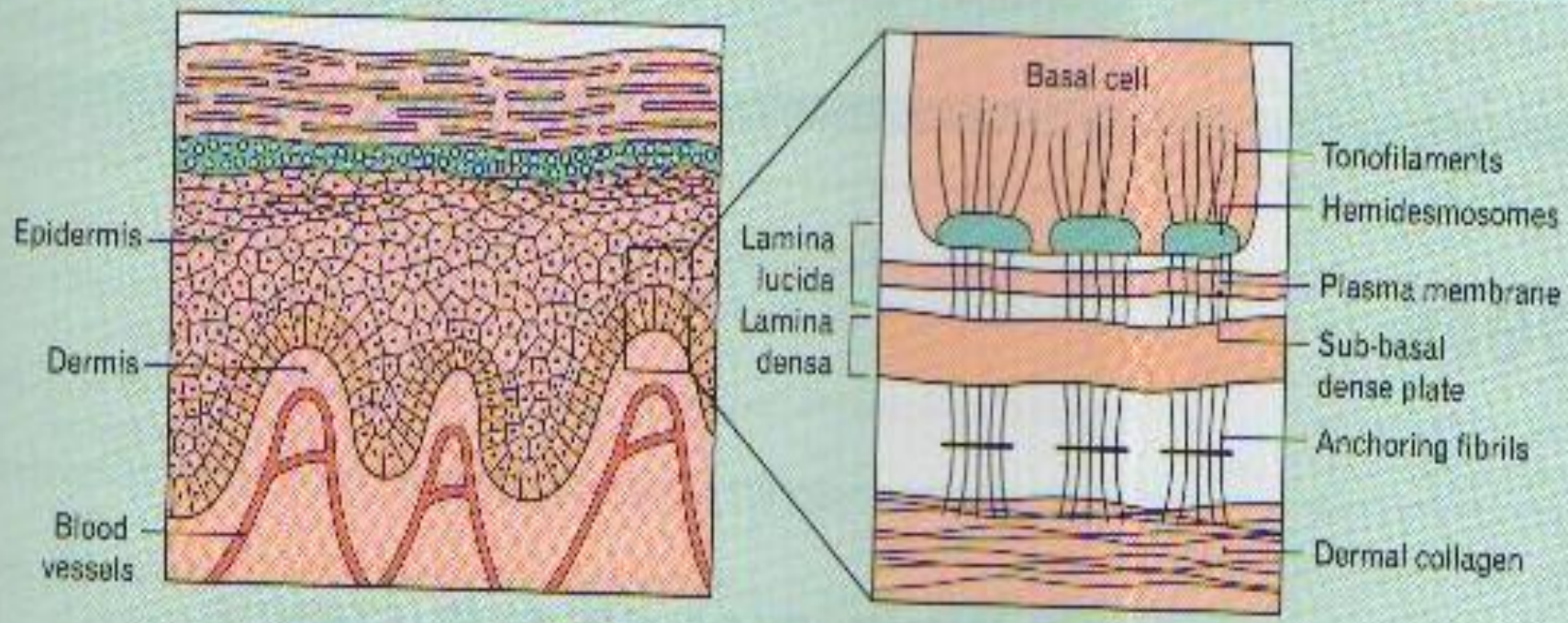
3-Autosomal dominant dystrophic epidermolysis bullosa E.B

4-Autosomal recessive dystrophic epidrmolysis bullosa E.B.

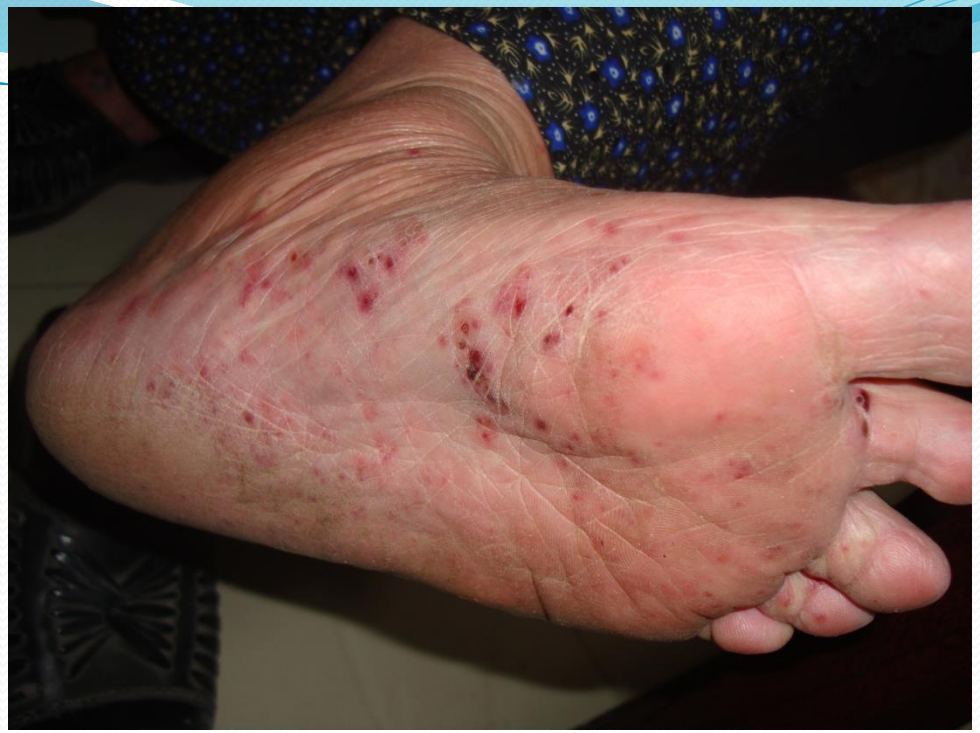
5-Acquired epidermolysis bullosa (acq . E . B) •

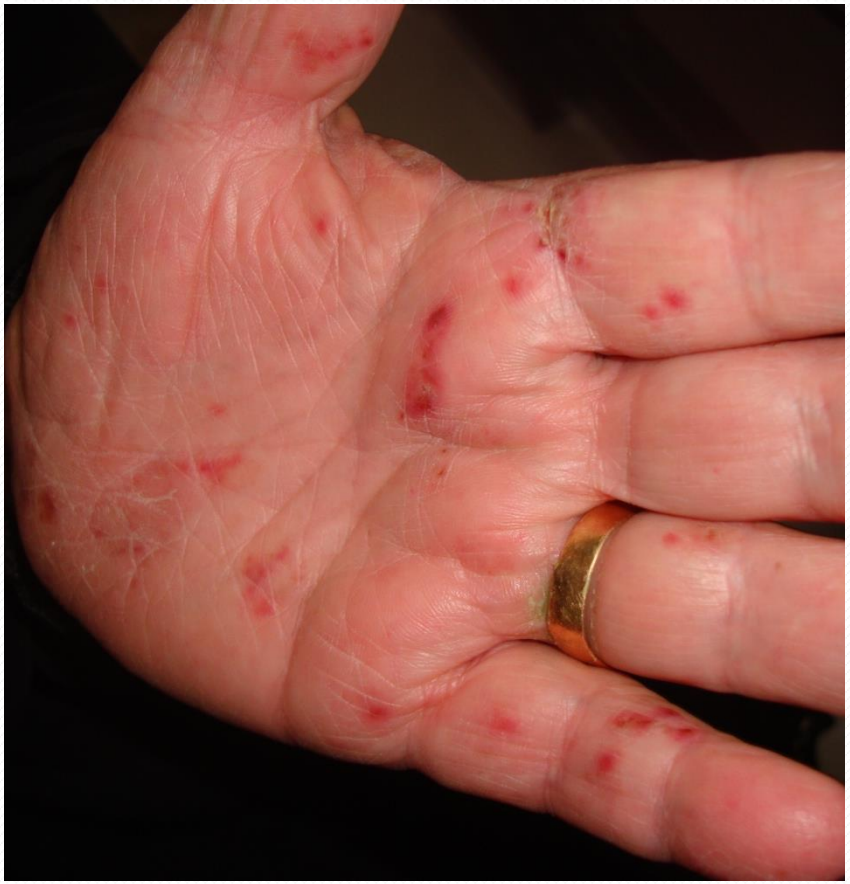

DIRECT AND INDIRECT IMMUNOFLUORESCENCE
Human immunoglobulin
Injected into an animal
Antibodies to
human immunoglobulin
Labelled with fluorescein
Fluoresceinated
antibodies to
human immunoglobulin
Direct
immunofluorescence
Indirect
immunofluorescence
Patient's serum
Patient's skin
Foreign substrate

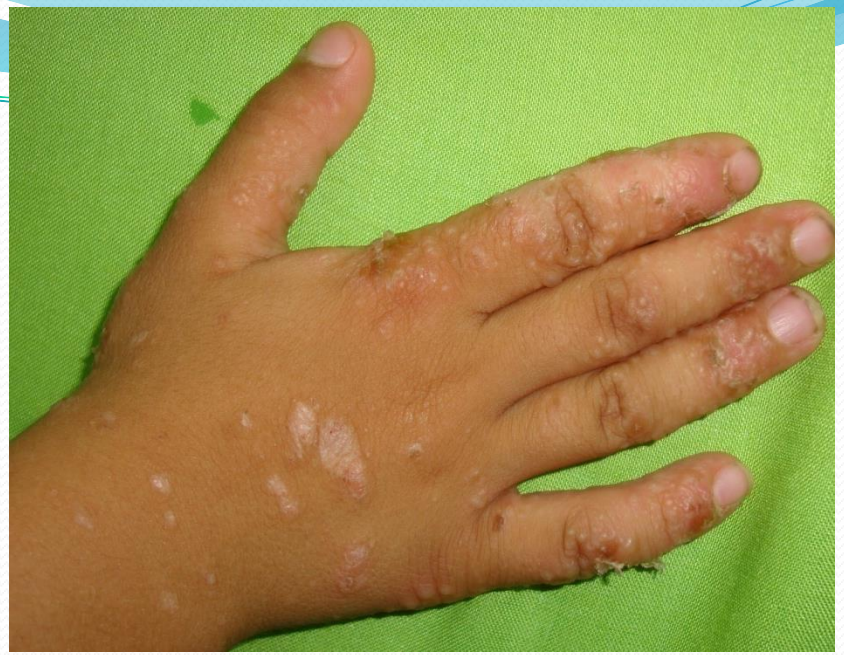
Structure of the dermo-epidermal junction

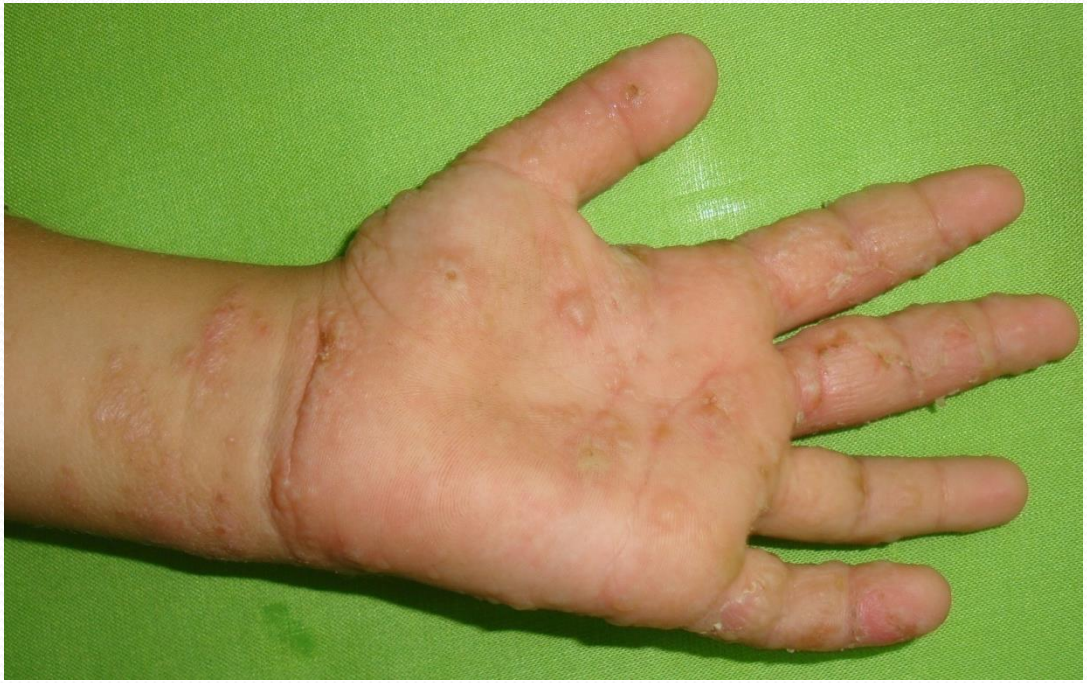


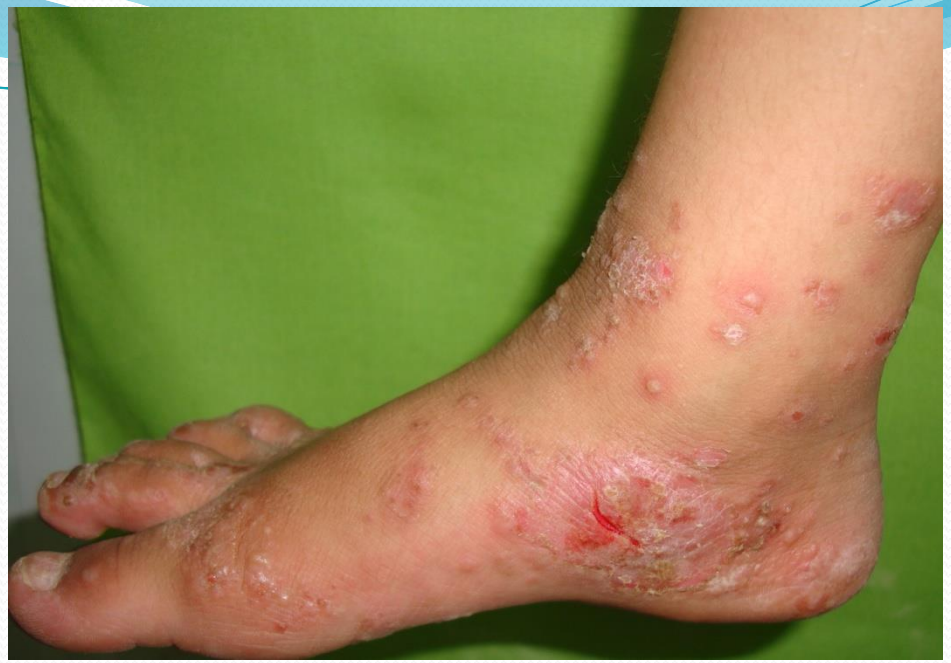
Key to important antigent structural proteins:
Hemidesmosmes: desmoplakin, desmocollin, plectin, bullous pemphigoid antigens (230 and 180 kDa)
Plasma membrane: α6 β4 integrin
Lamina lucida: bullous pemphigoid 180 kDa antigen, laminin 5
Lamina densa: collagen IV
Anchoring fibrils: collagen VII

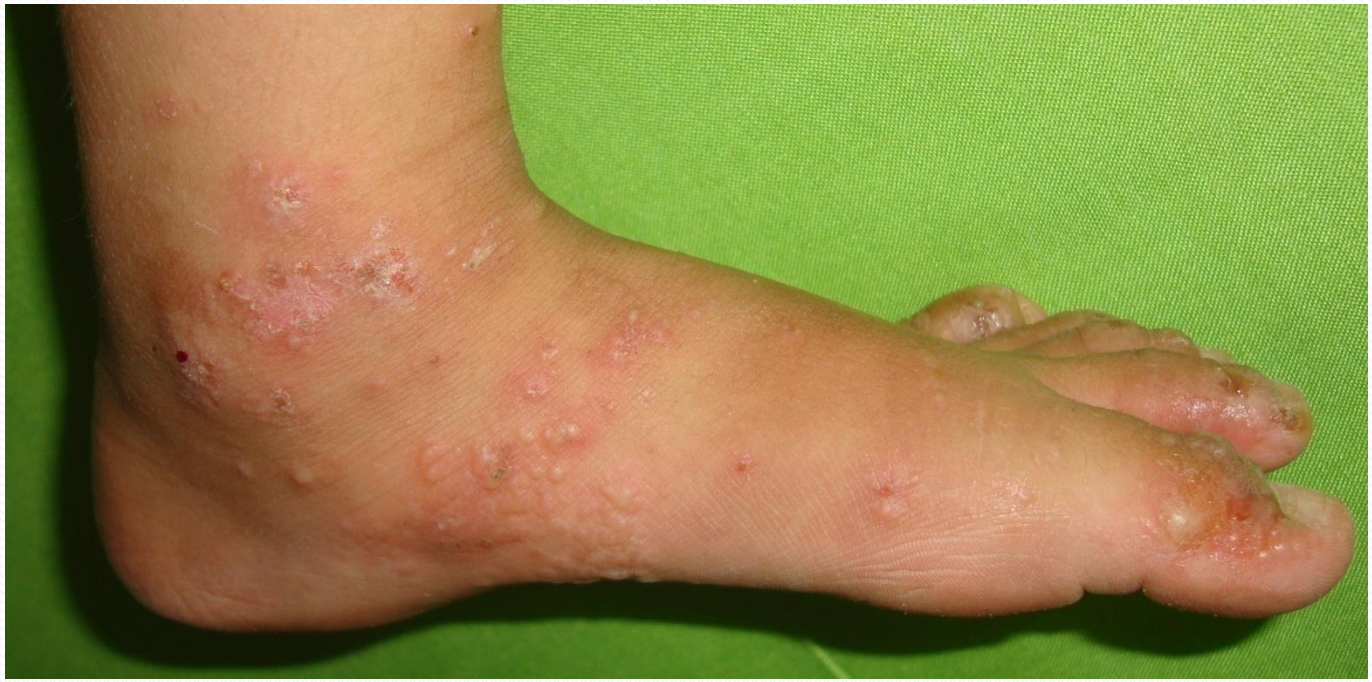


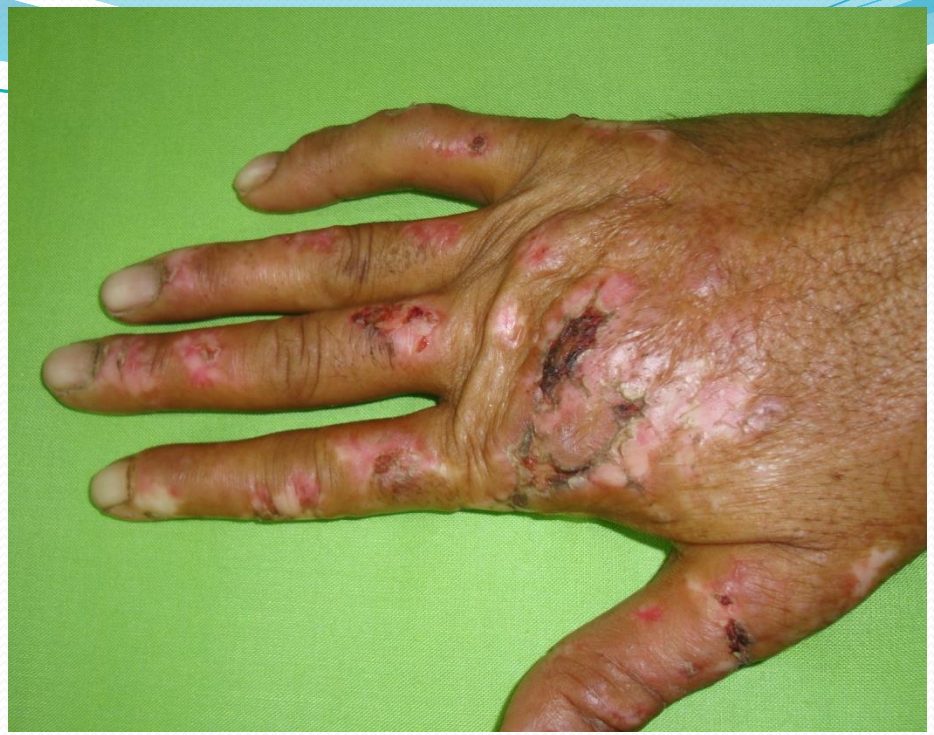


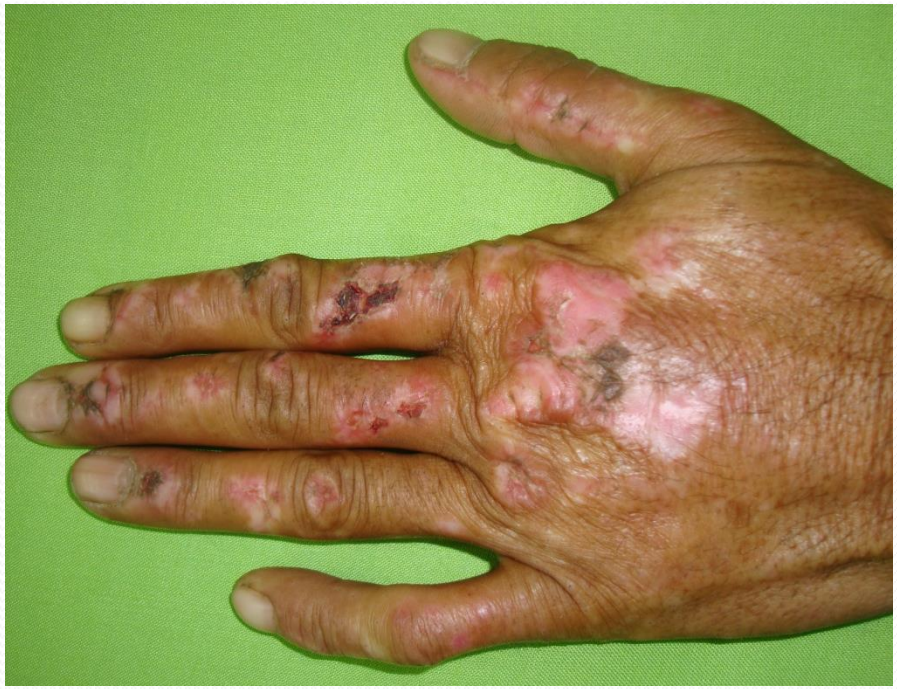


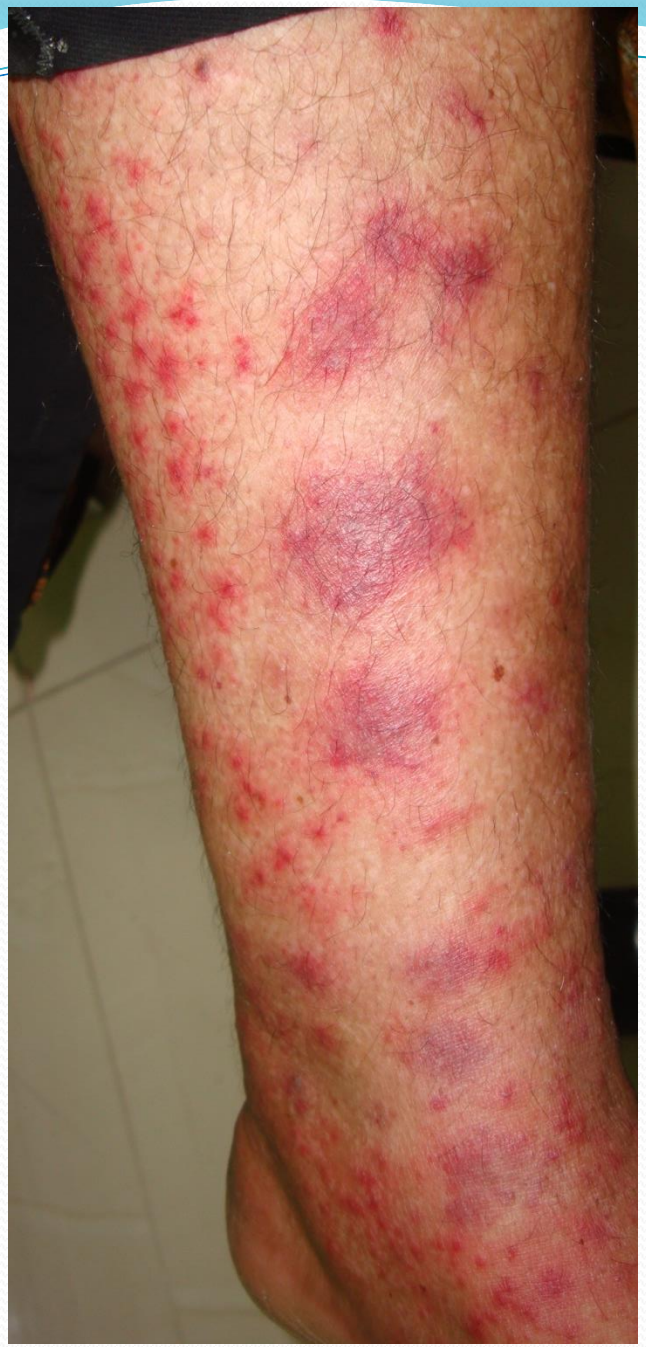


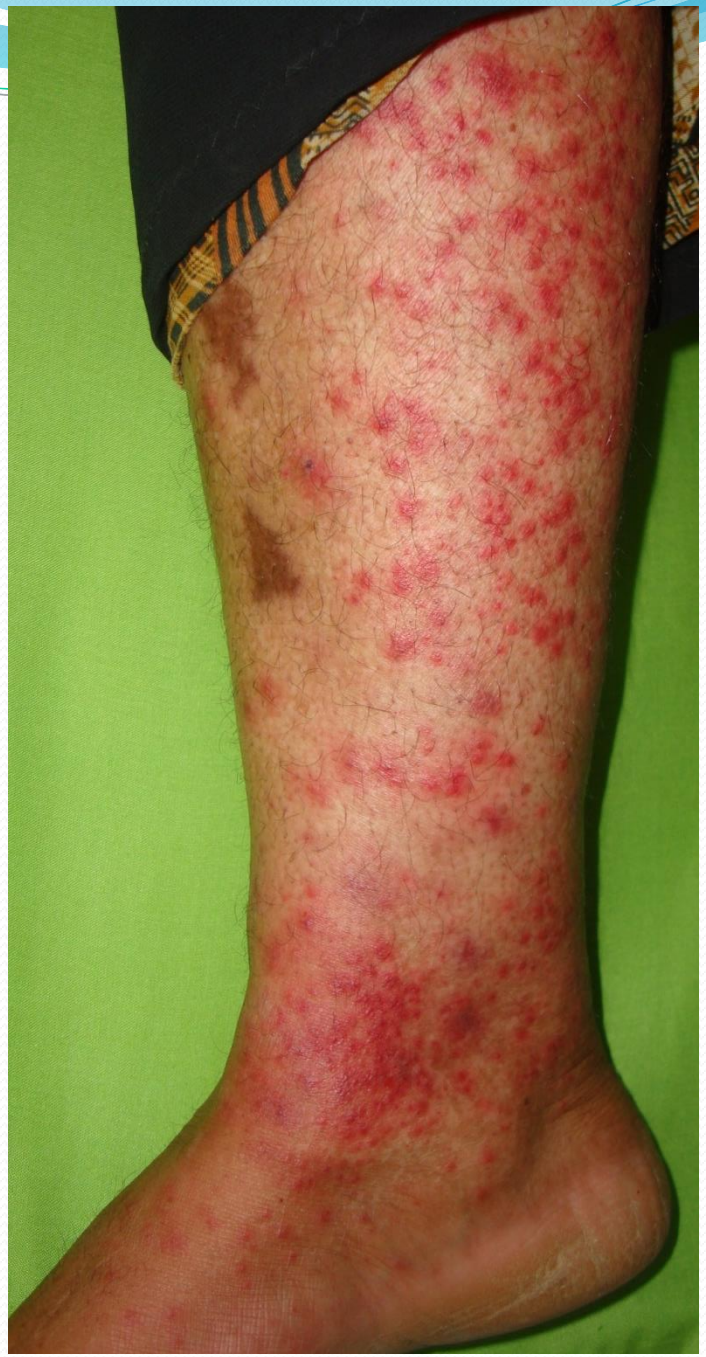


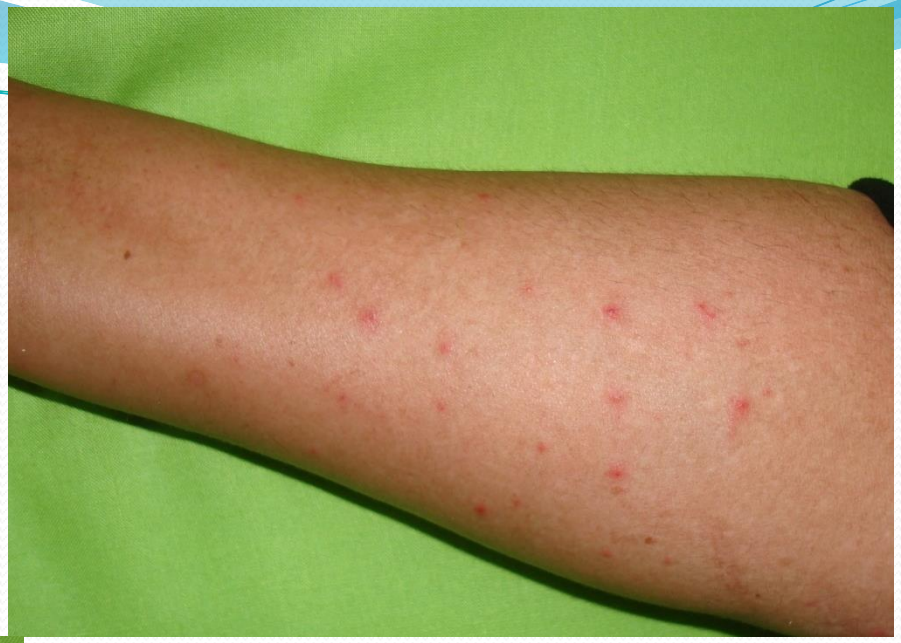


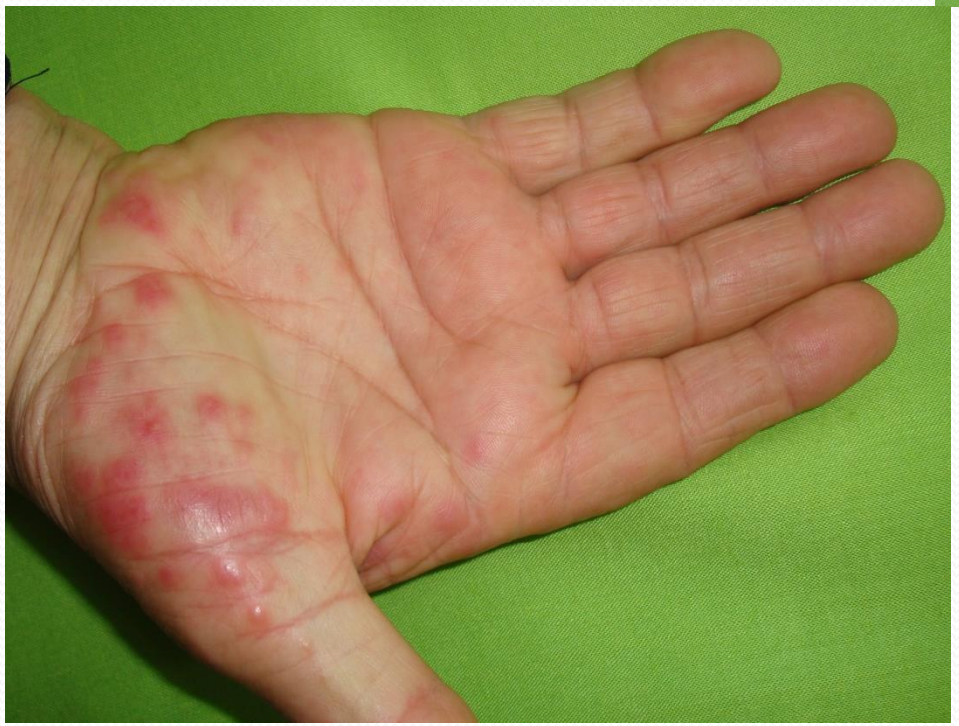


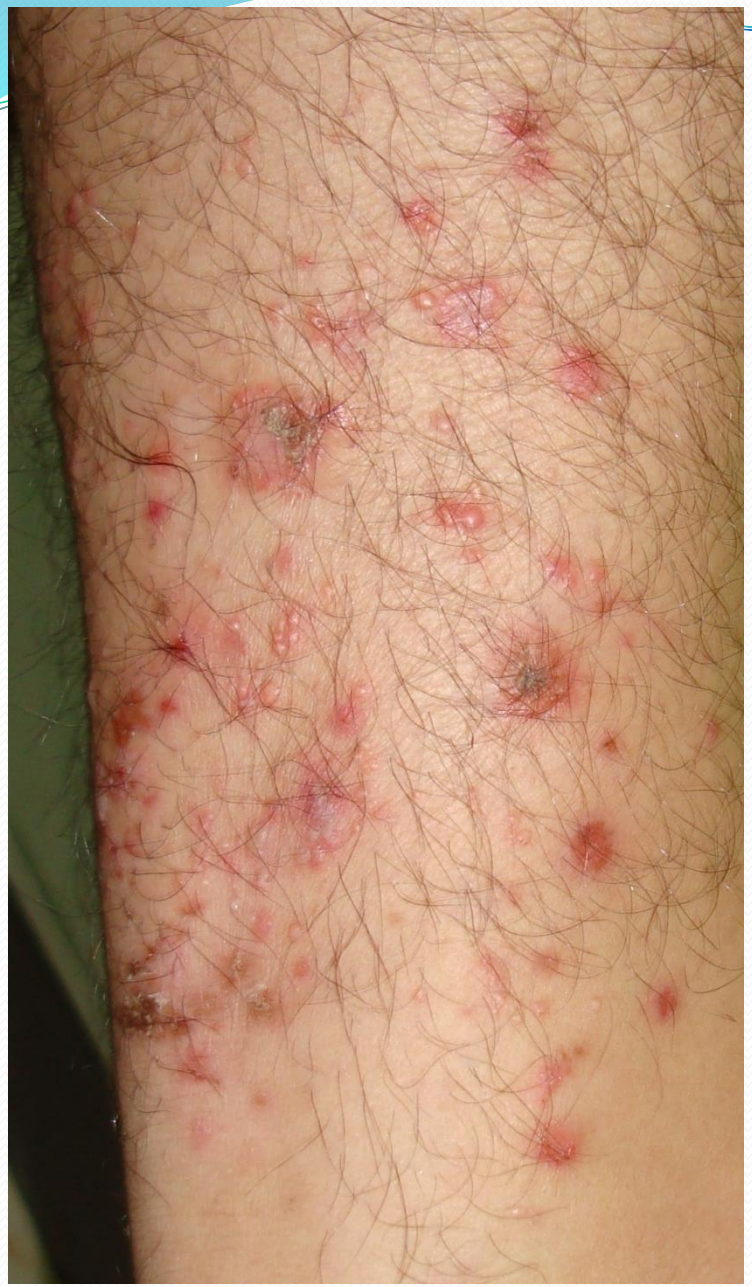


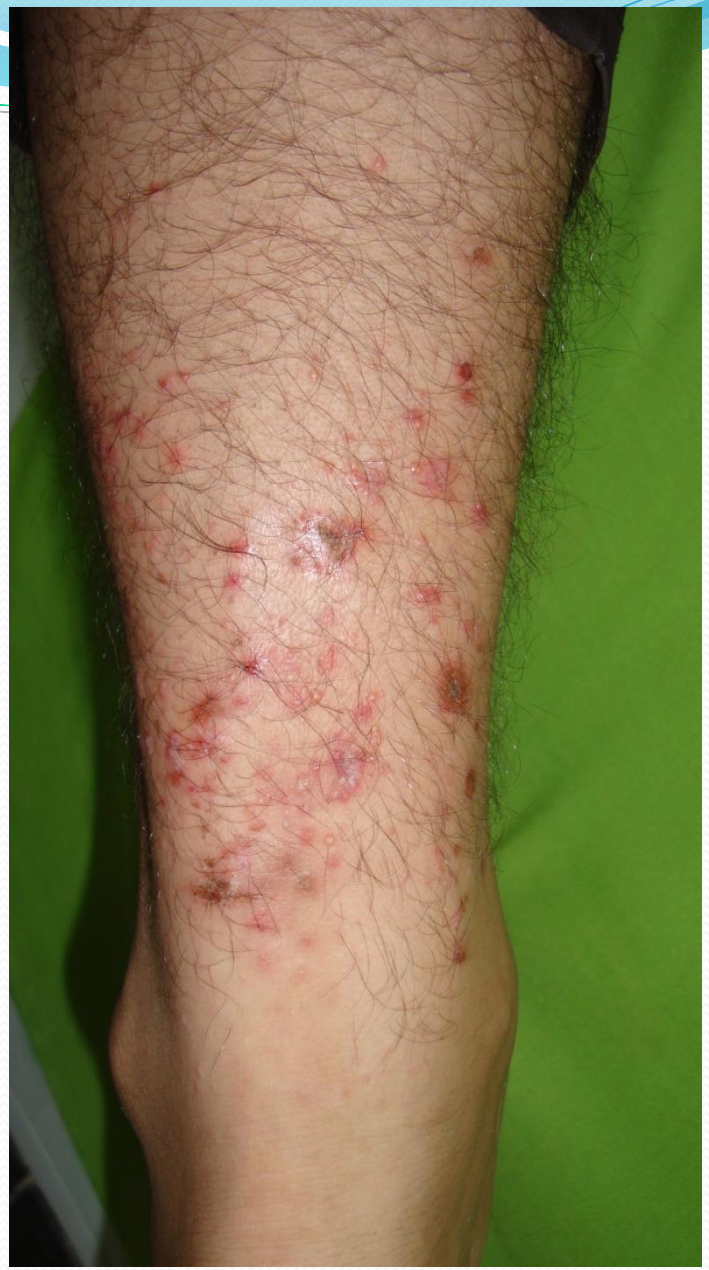


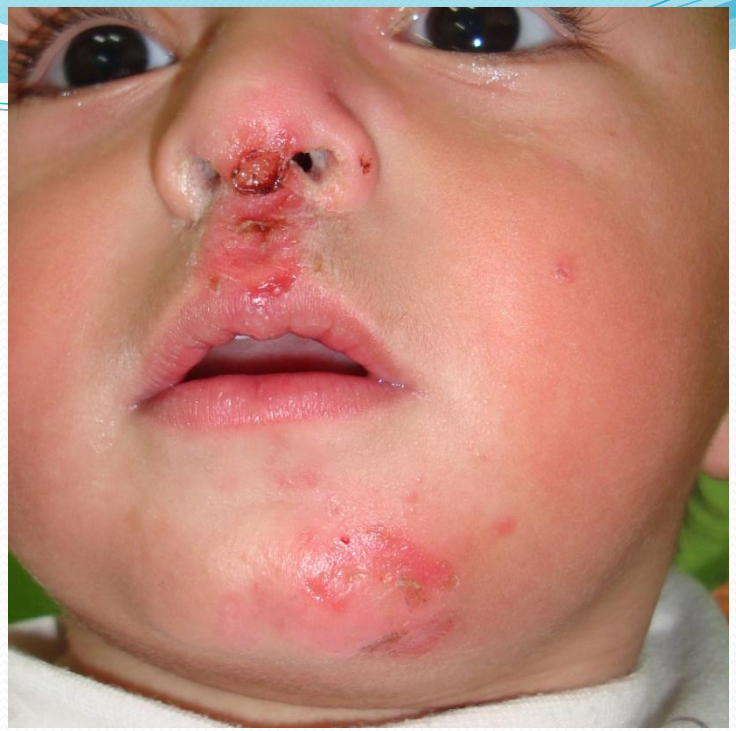


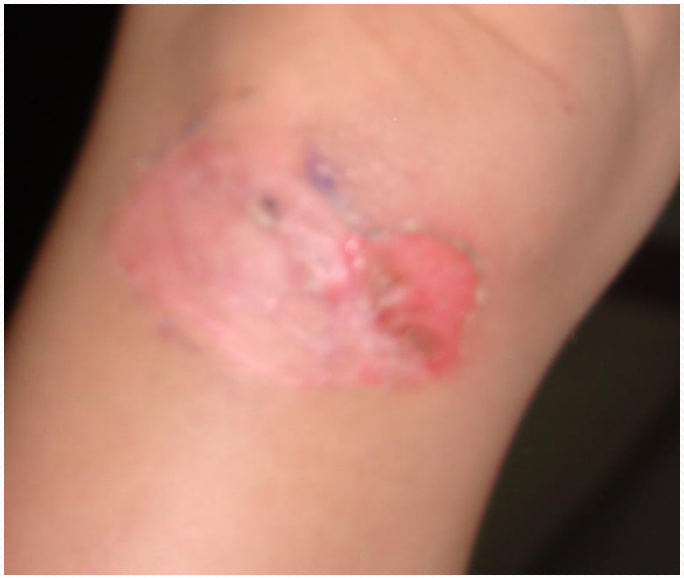


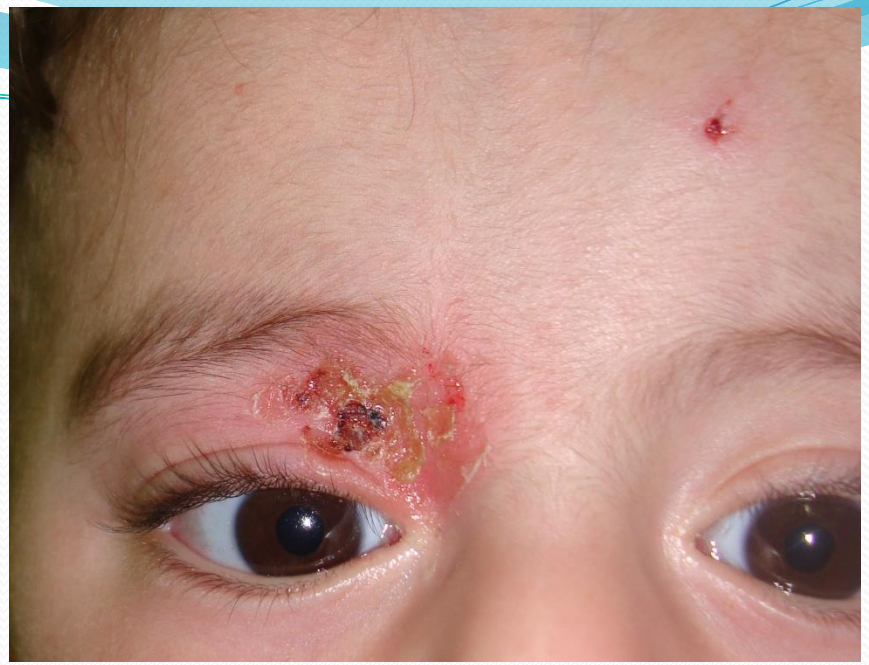


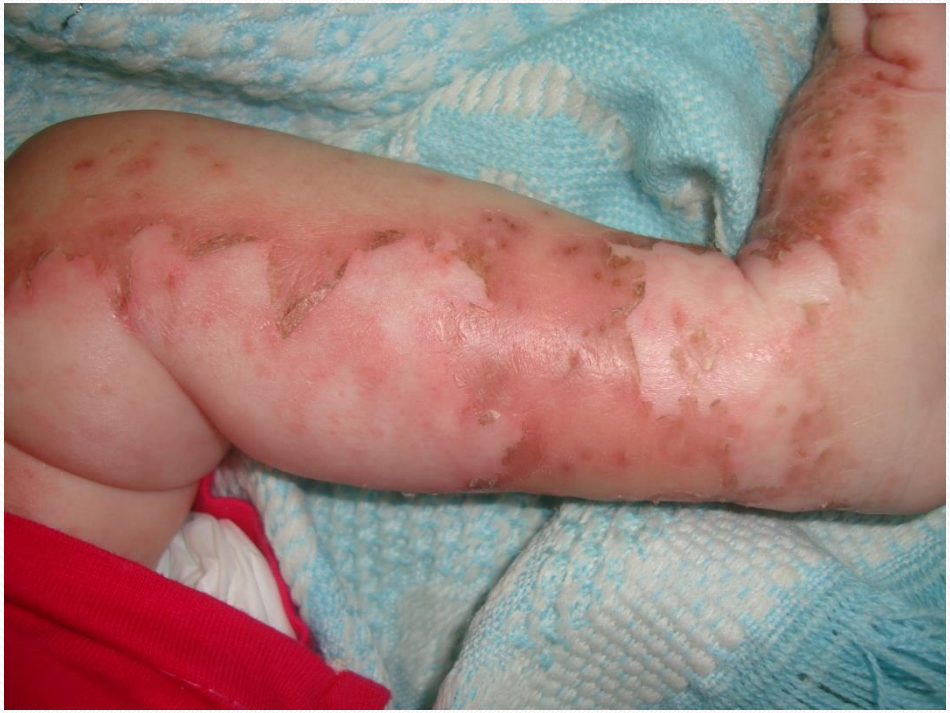


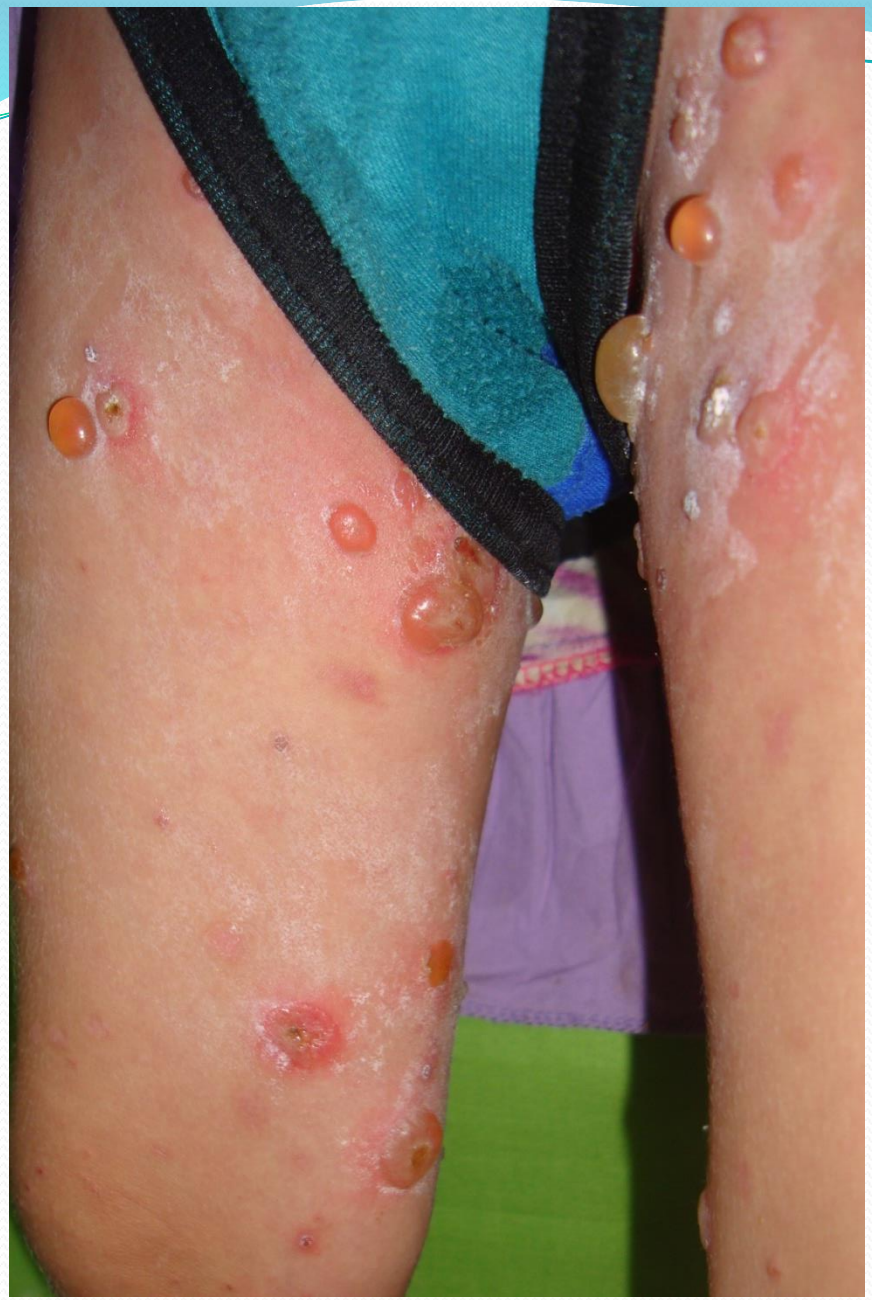


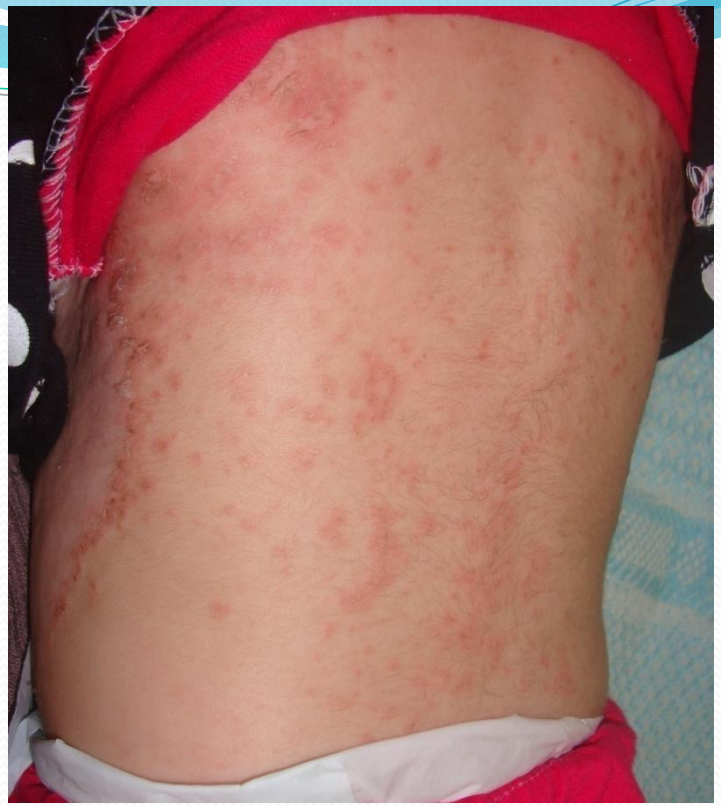


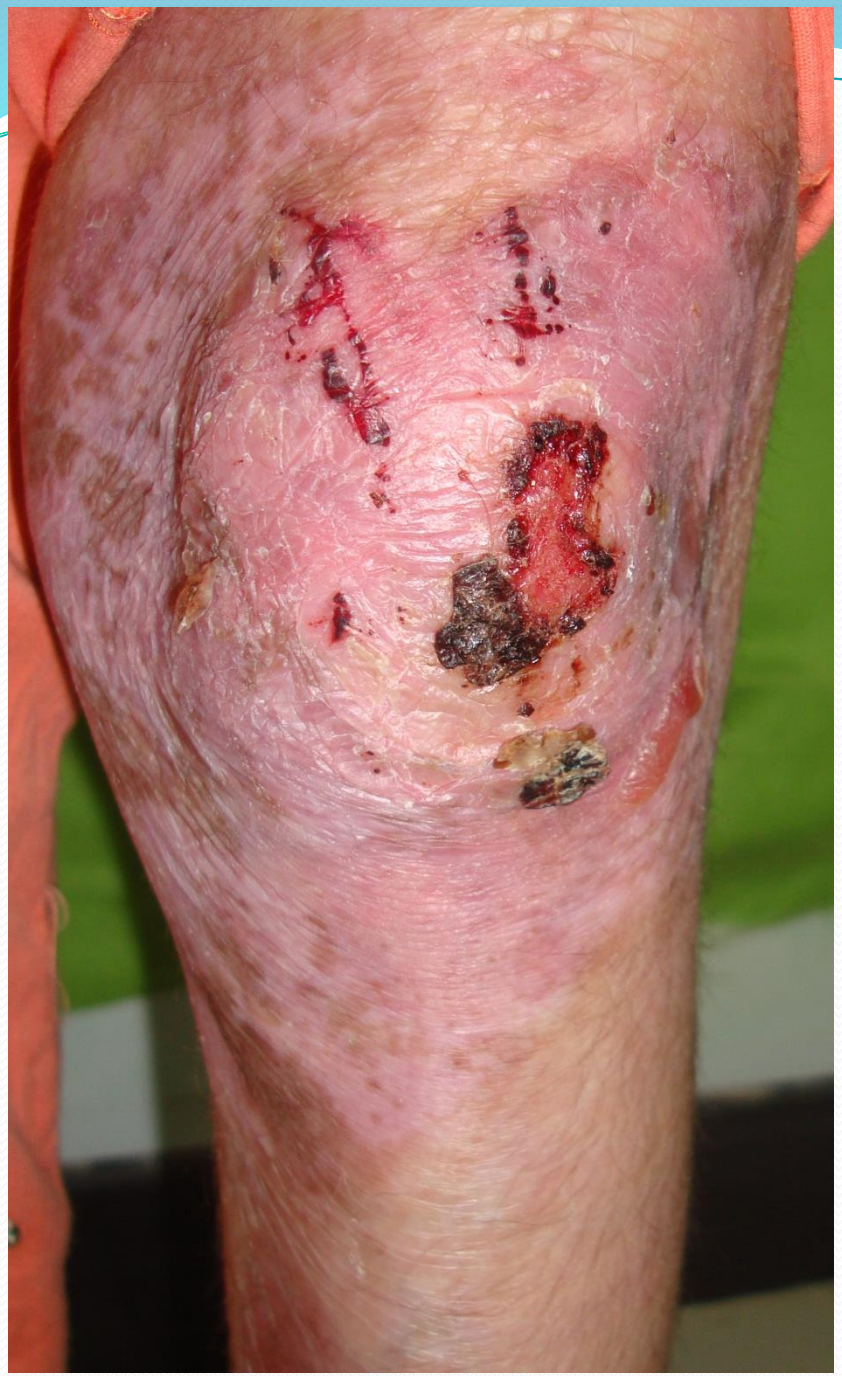


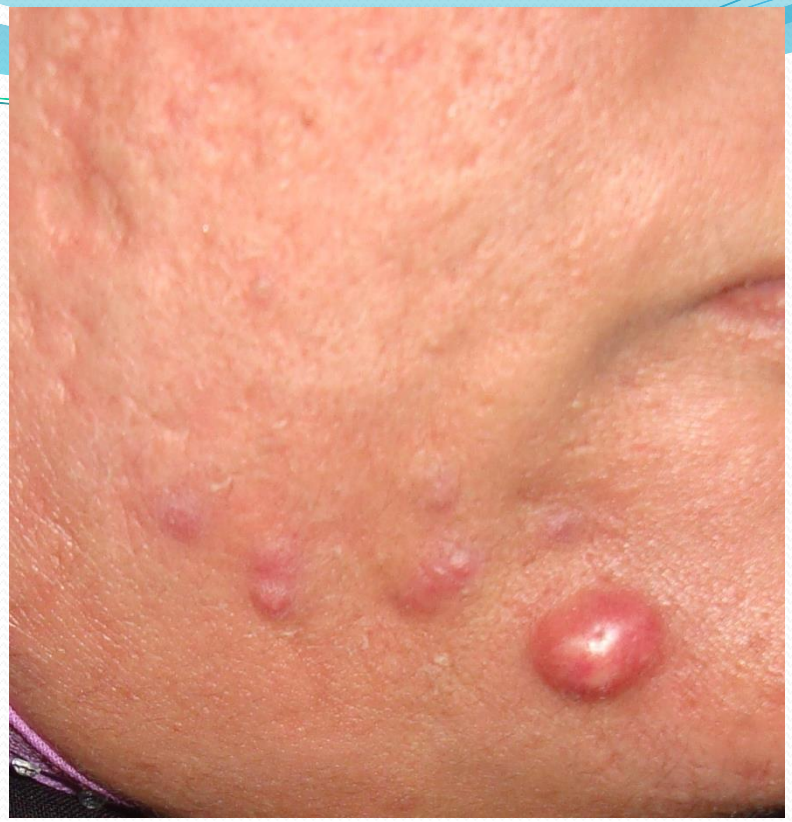


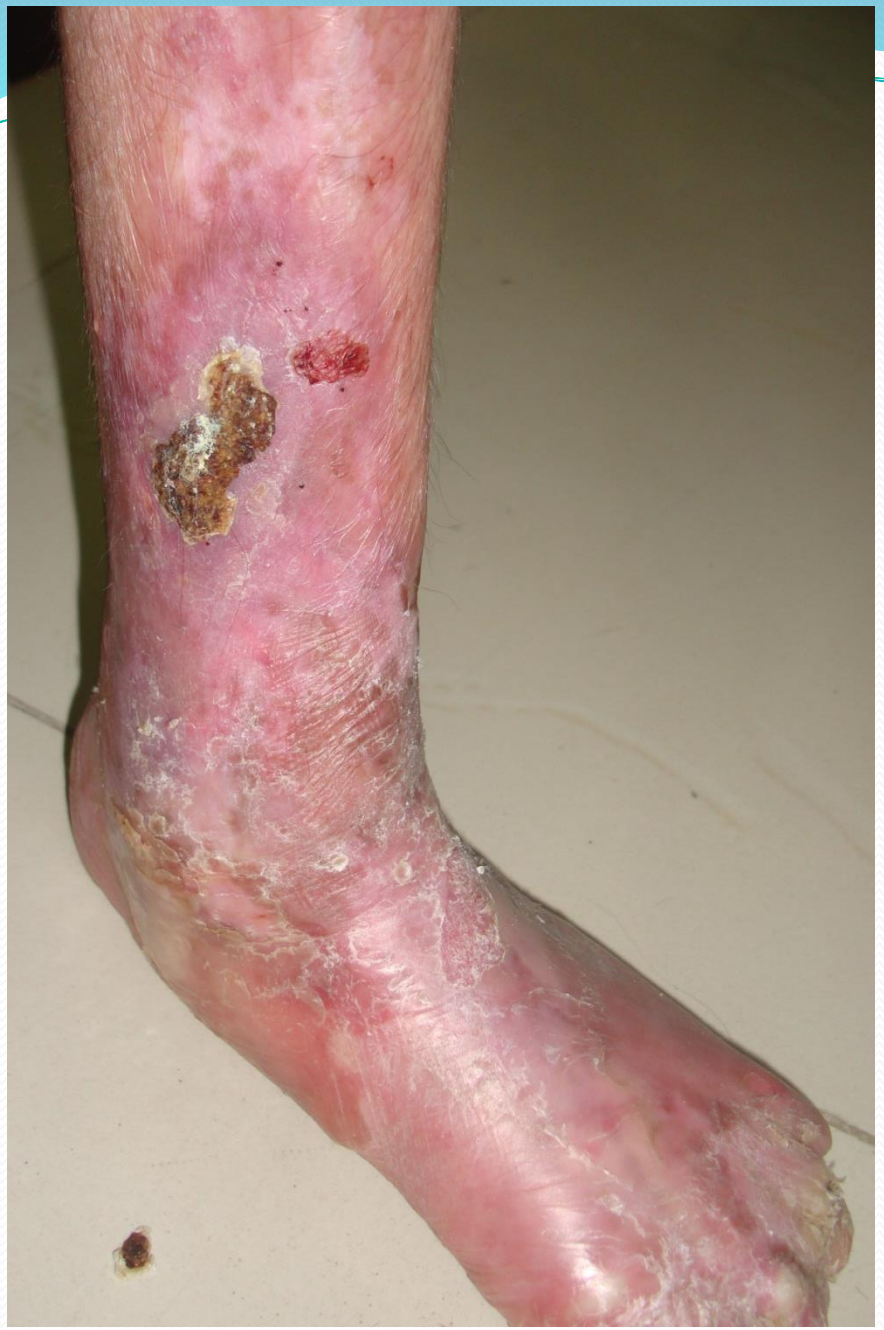


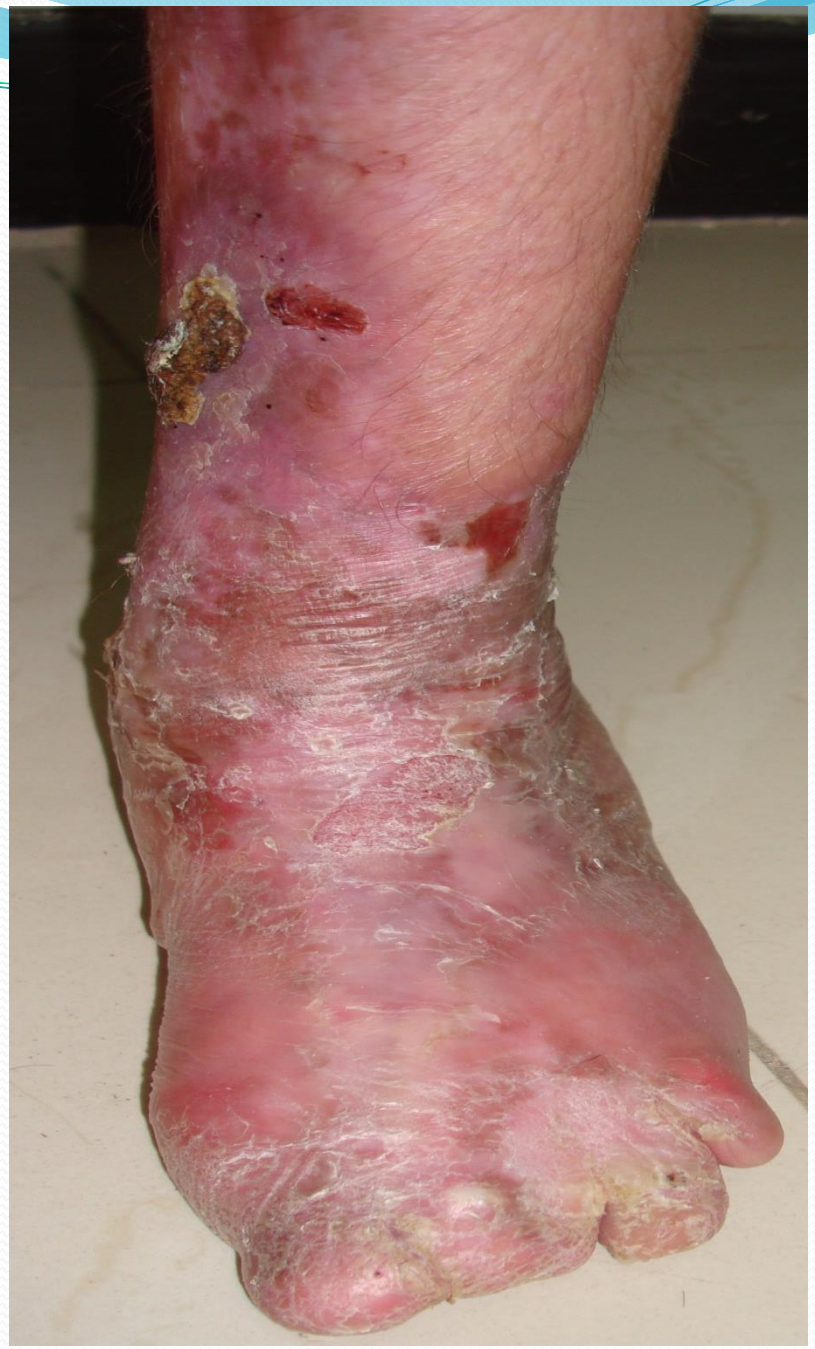


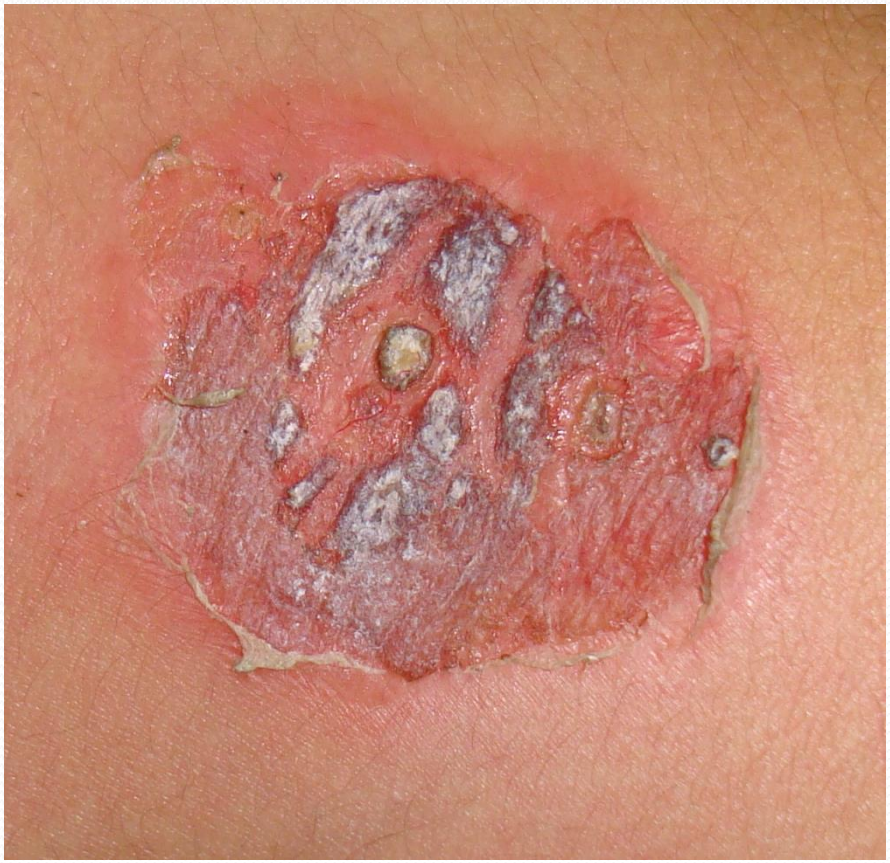


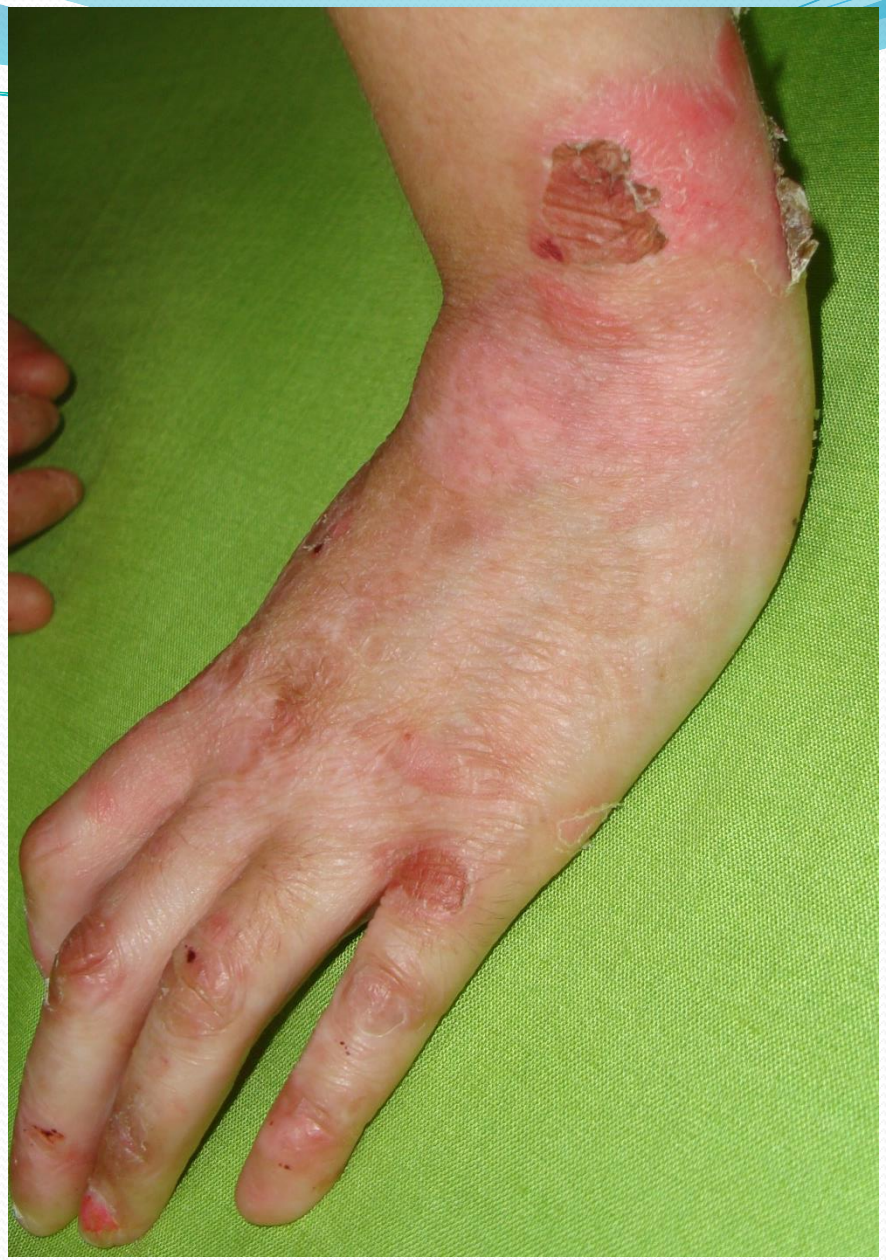


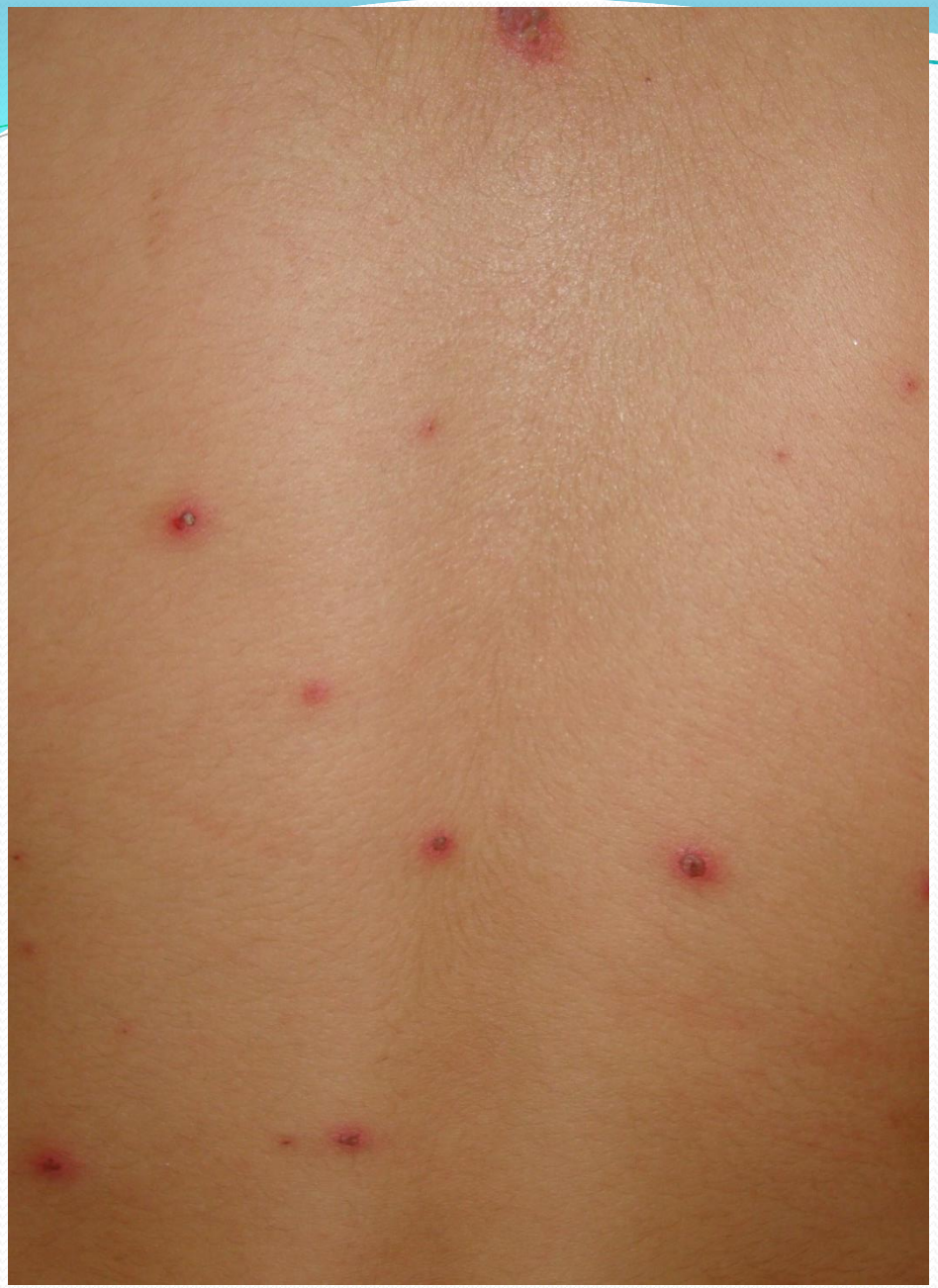


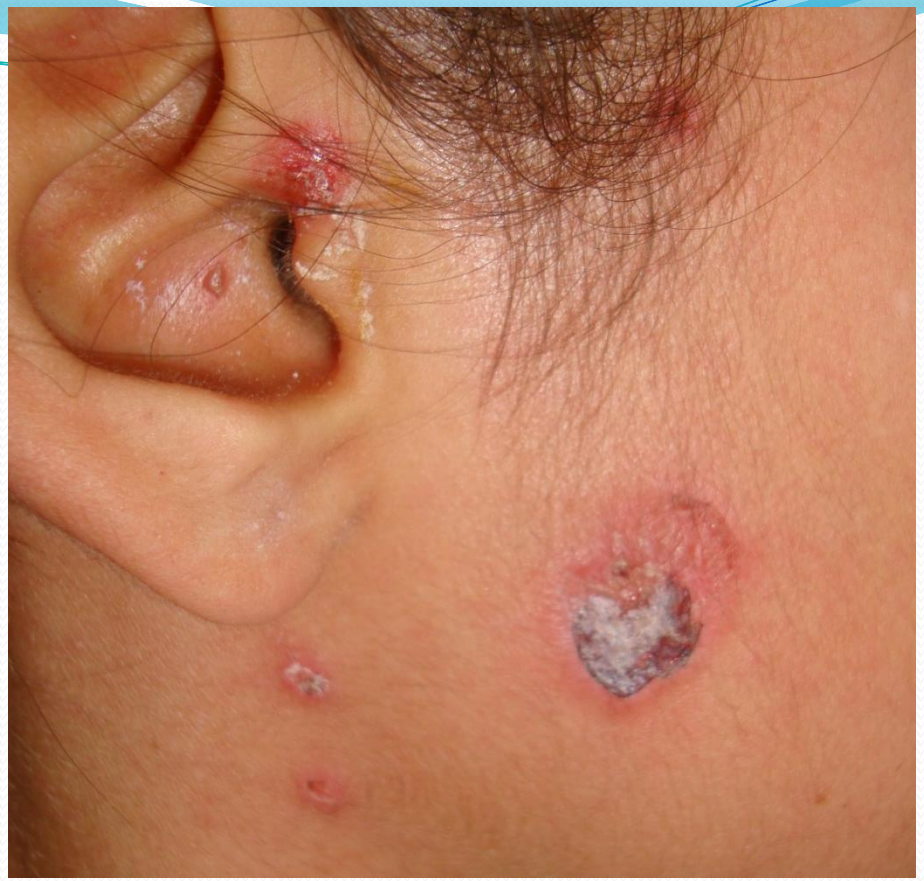


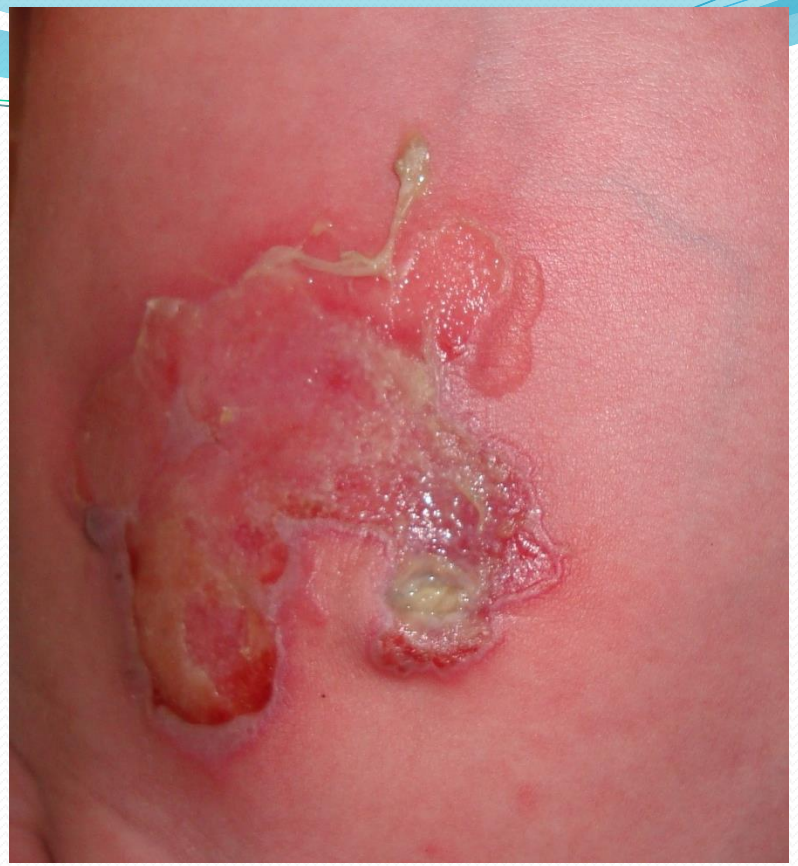


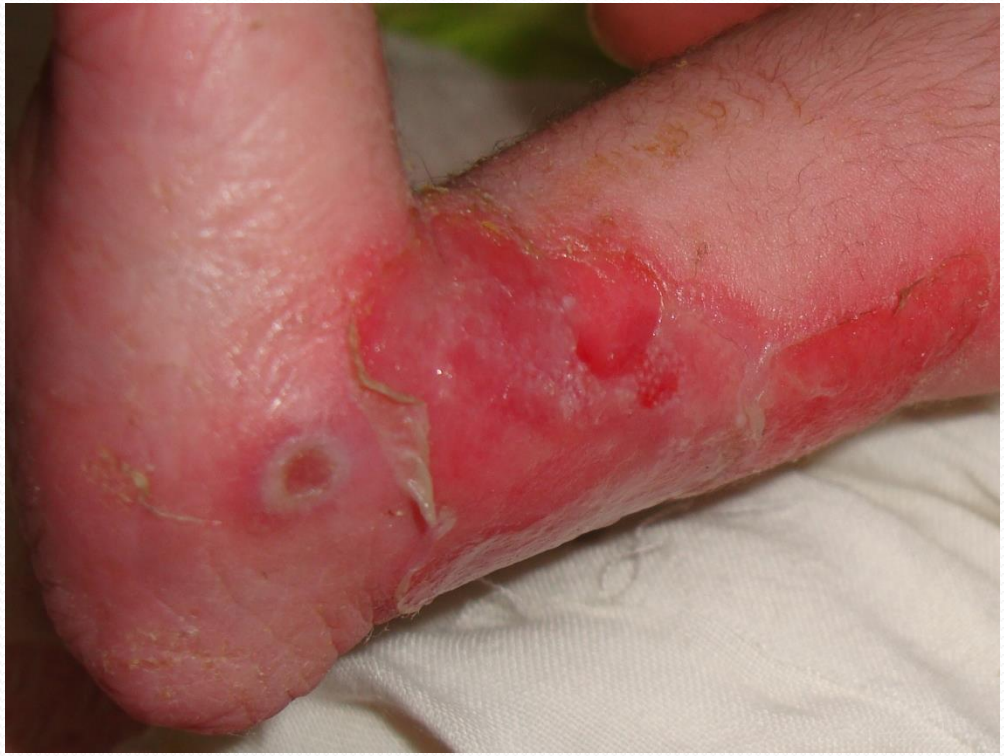


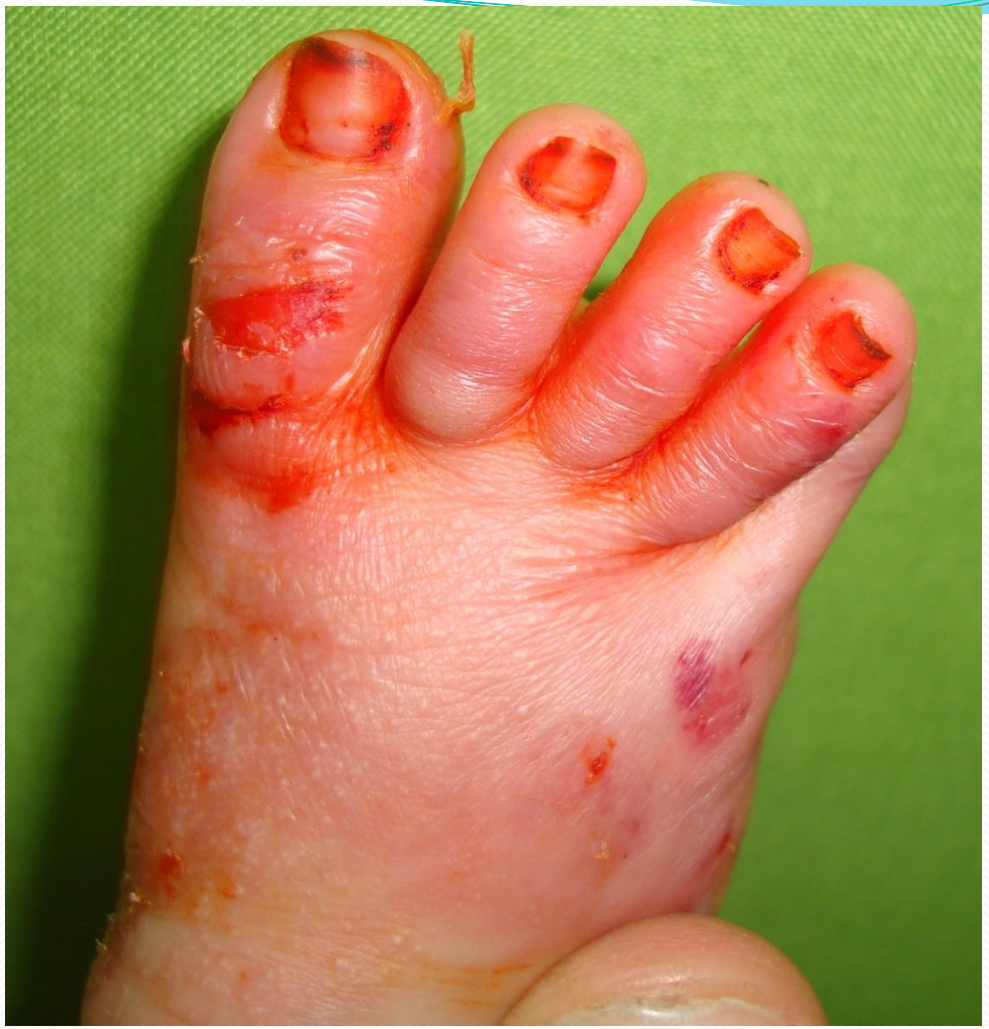


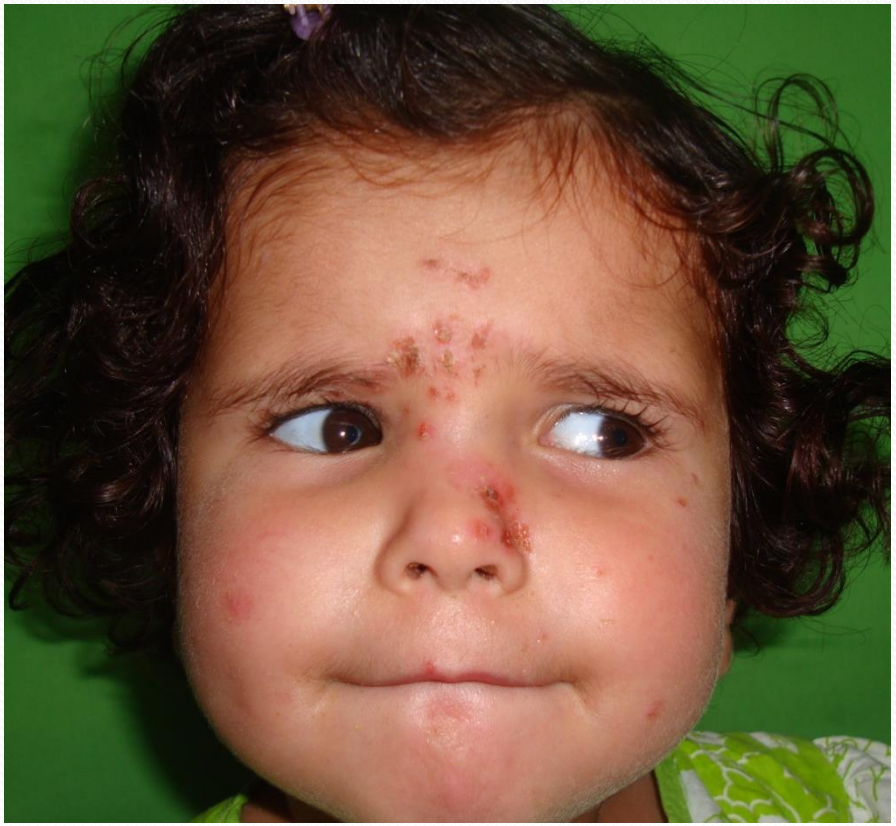


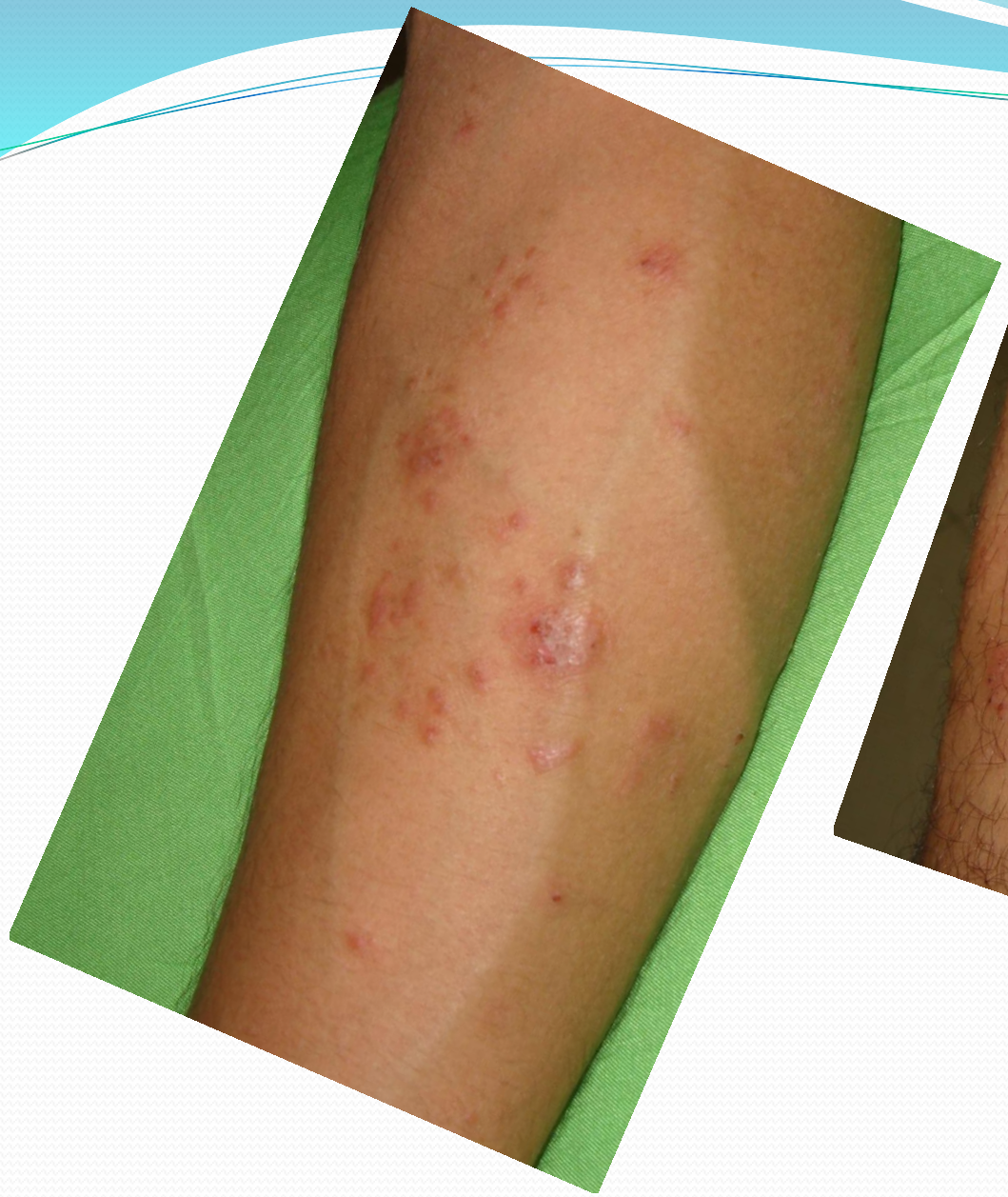


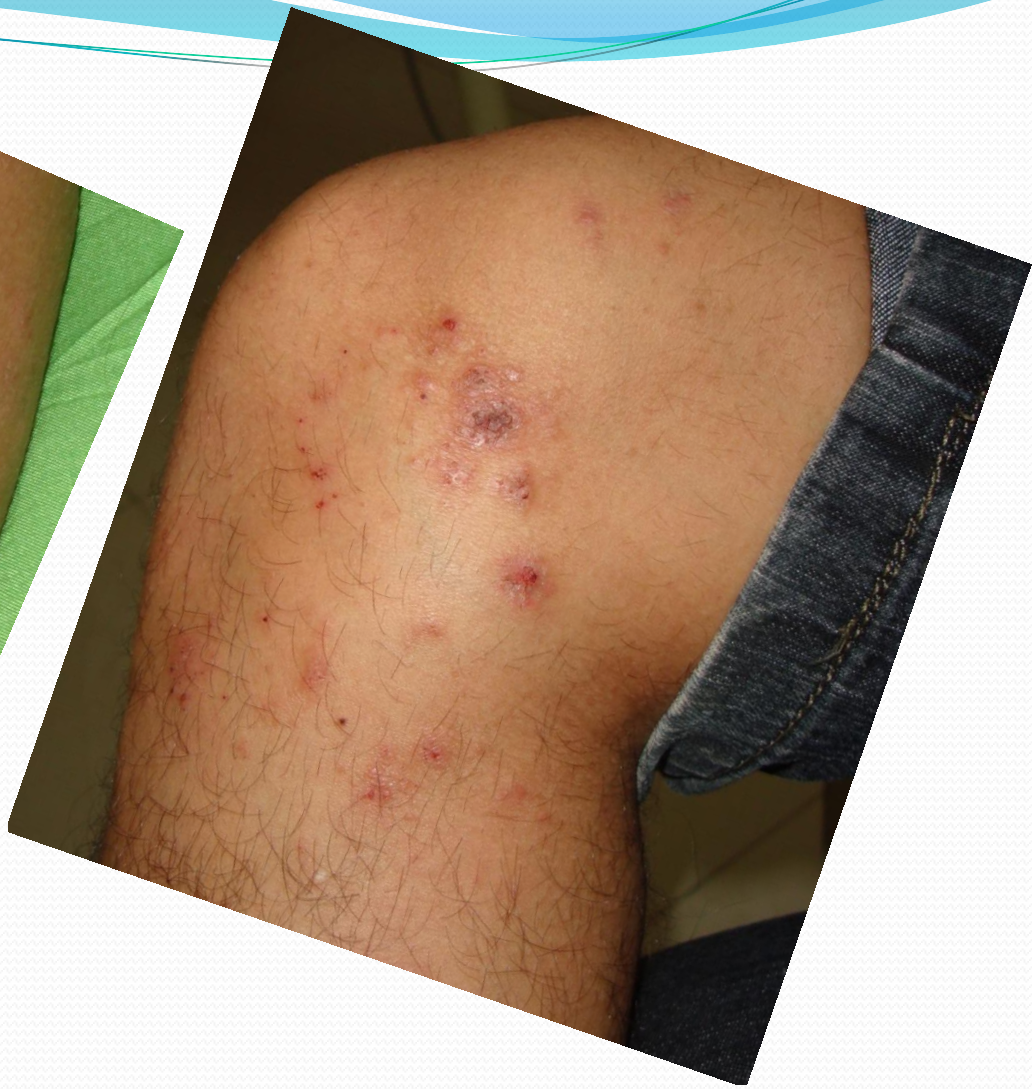


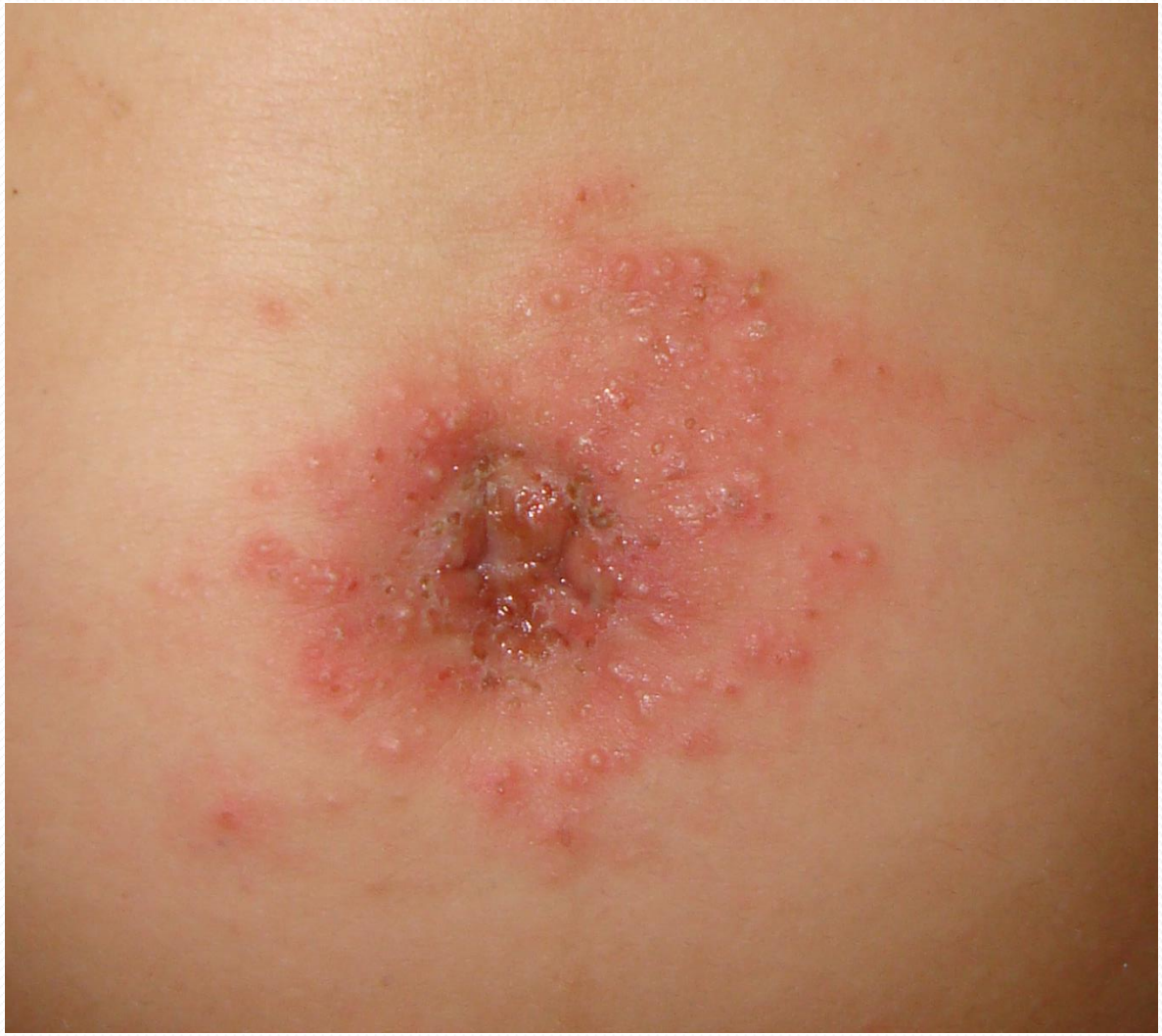


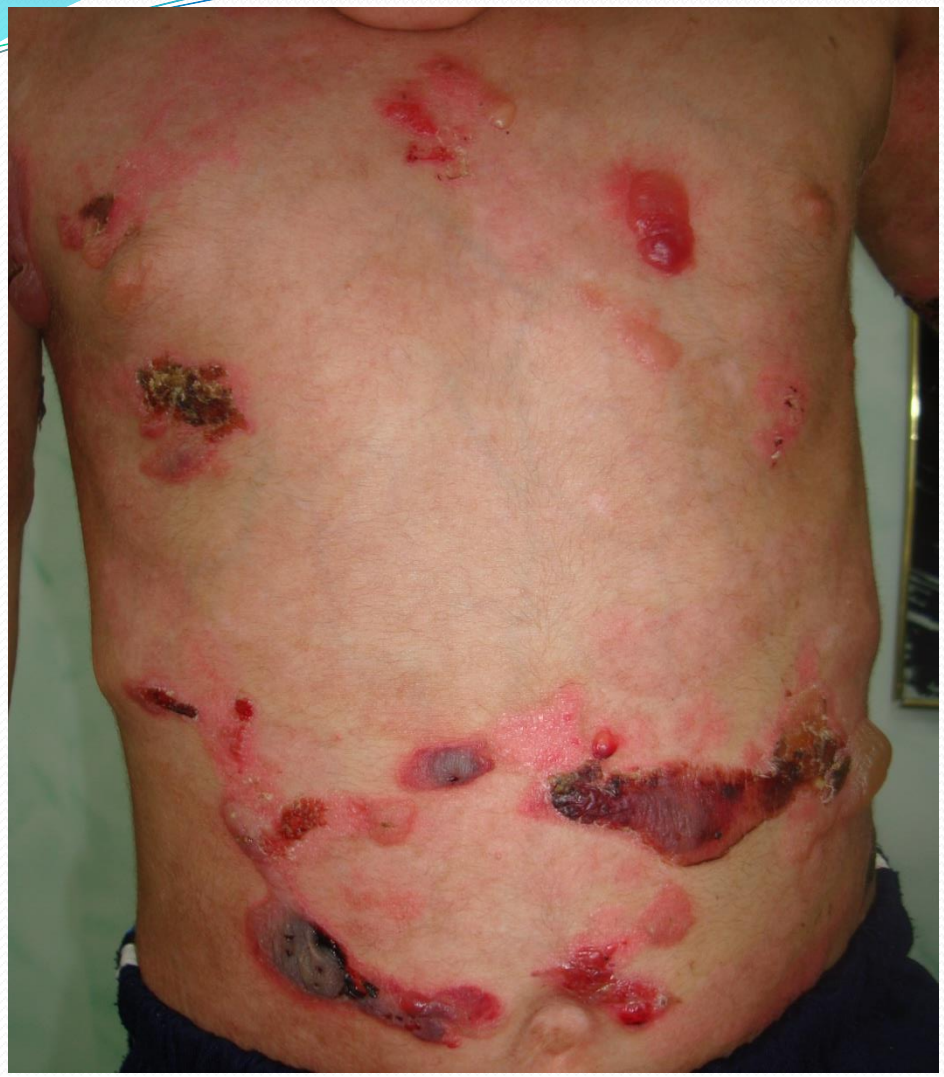


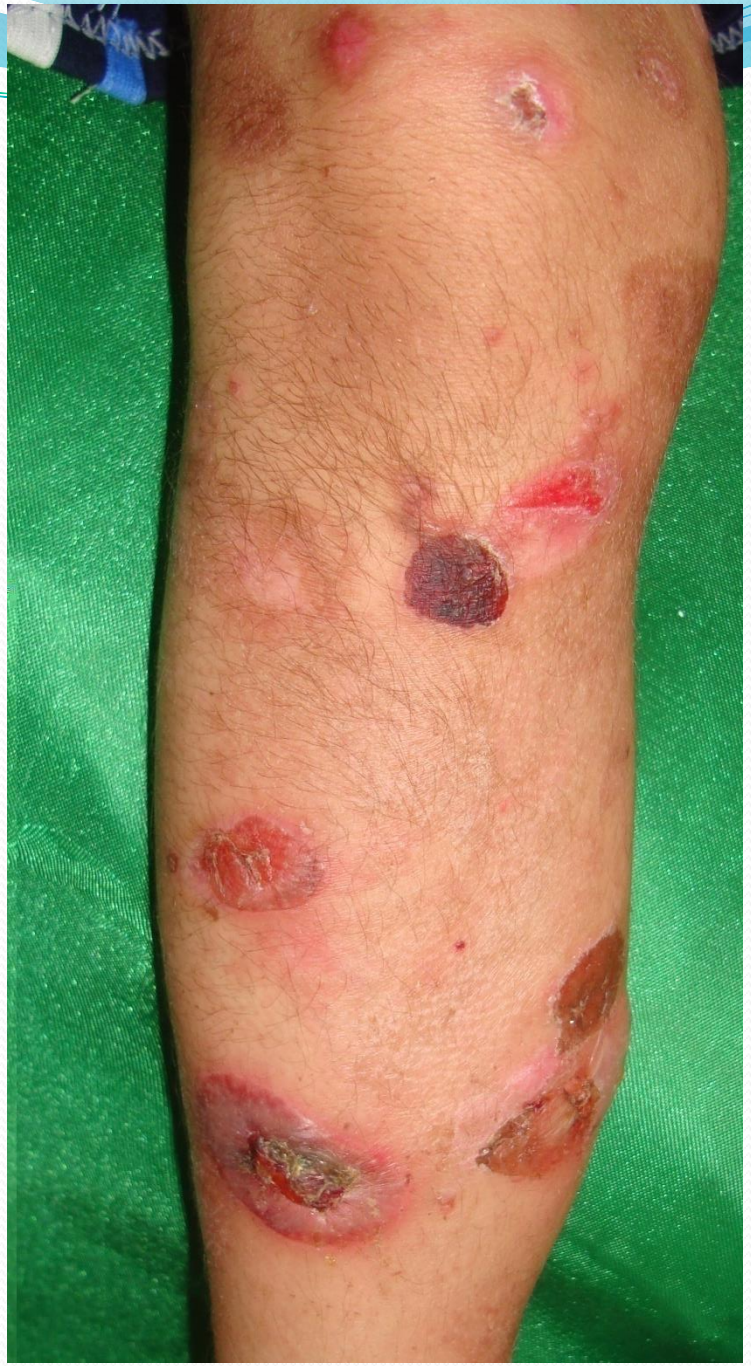


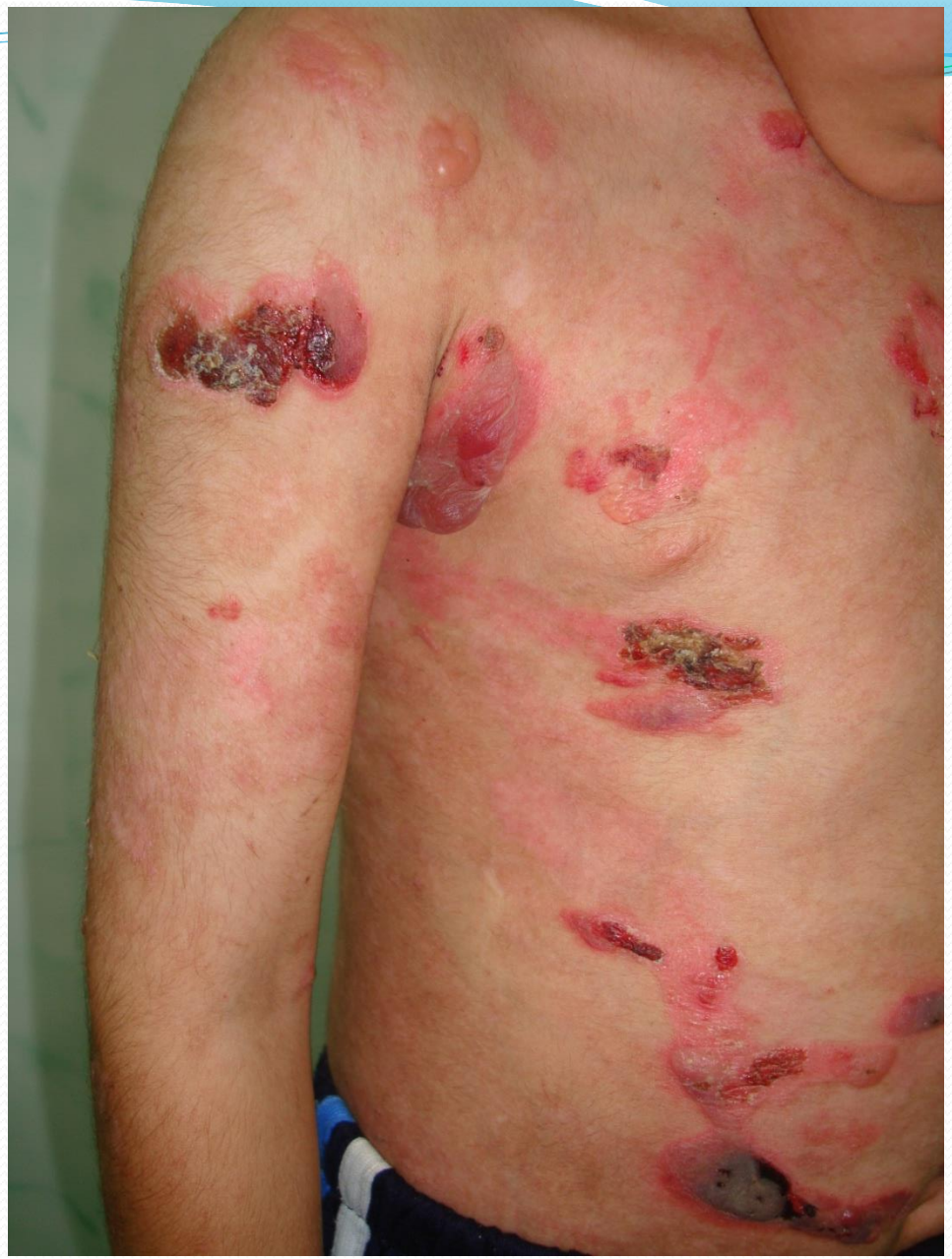


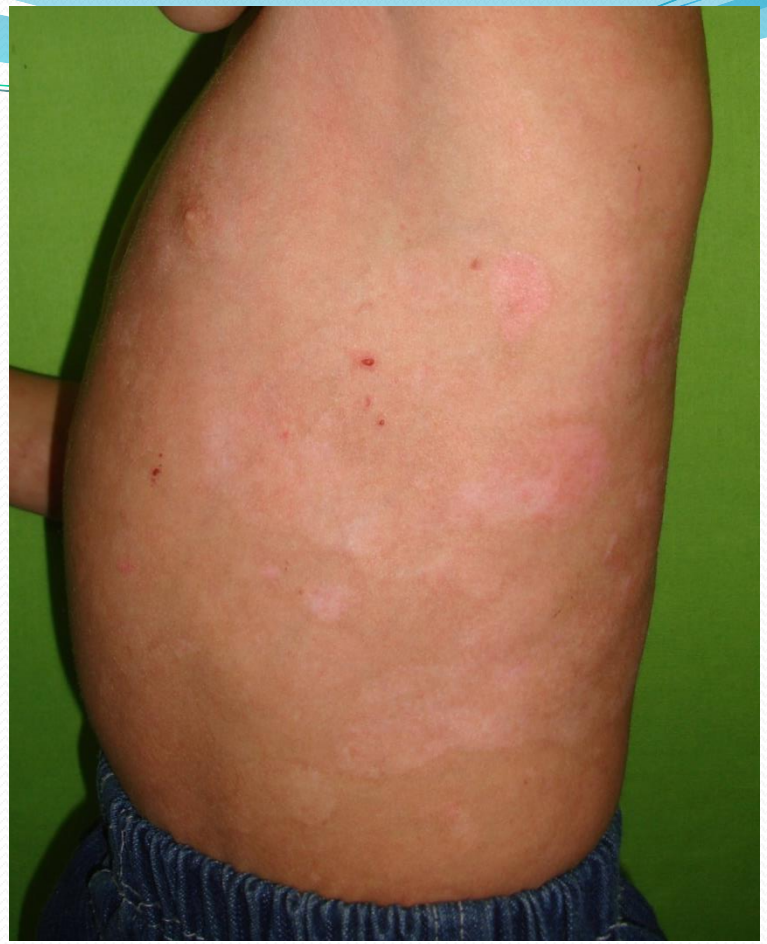


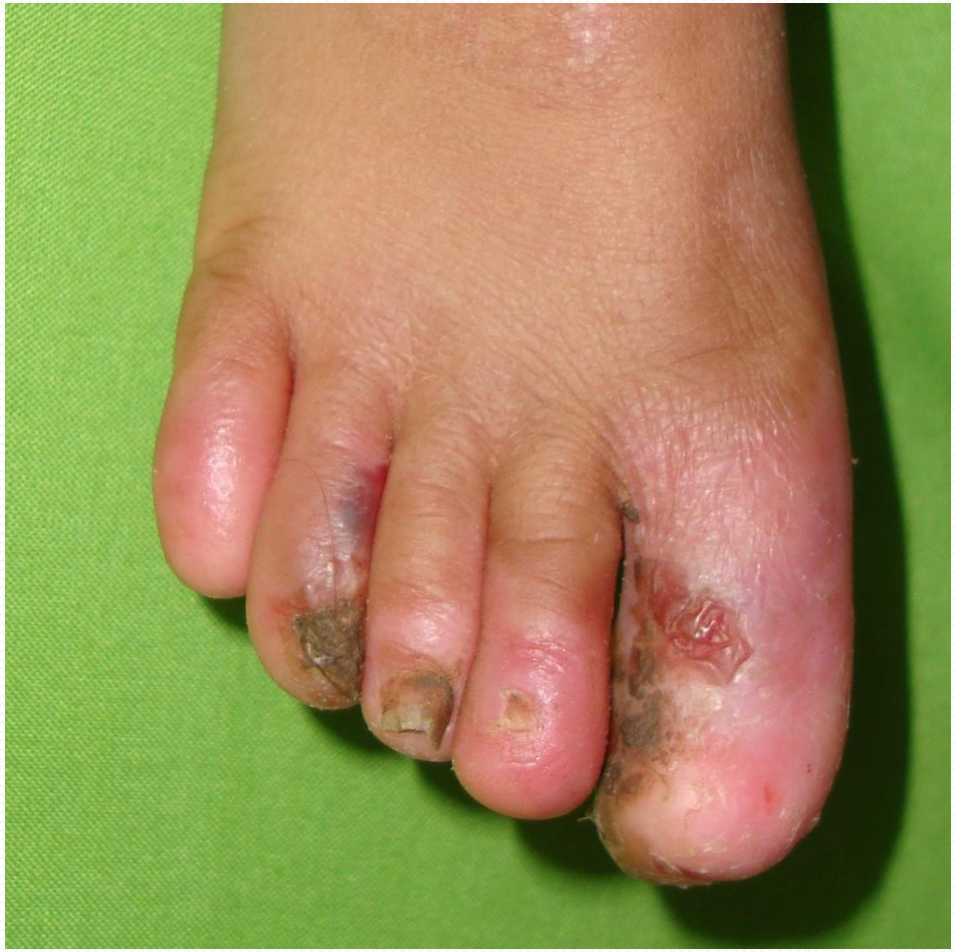


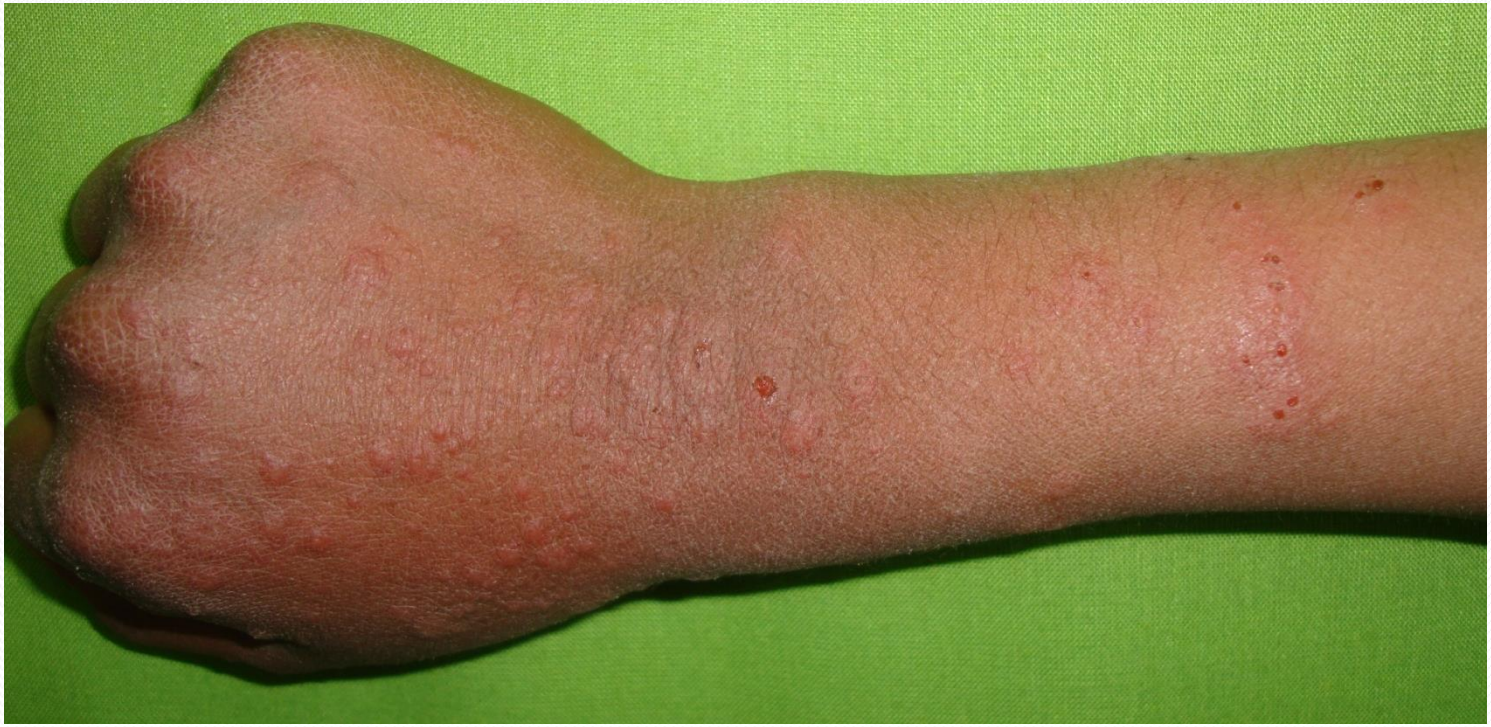


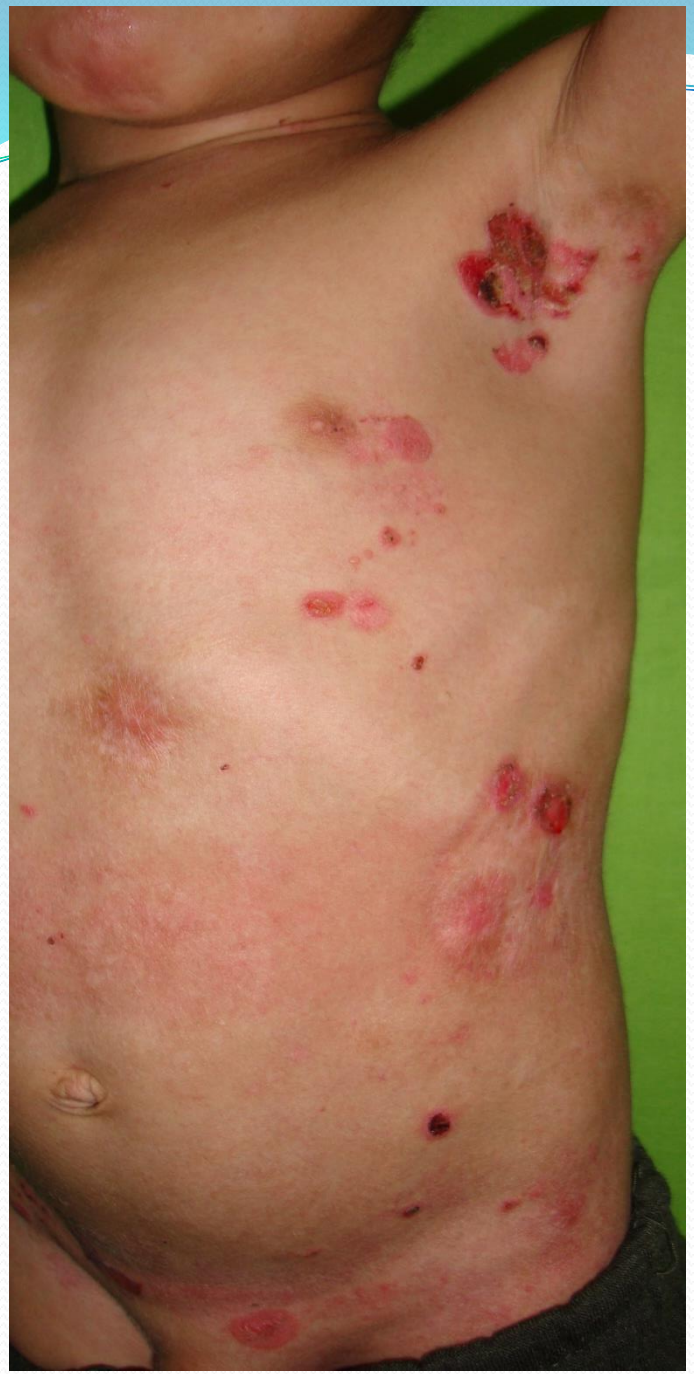


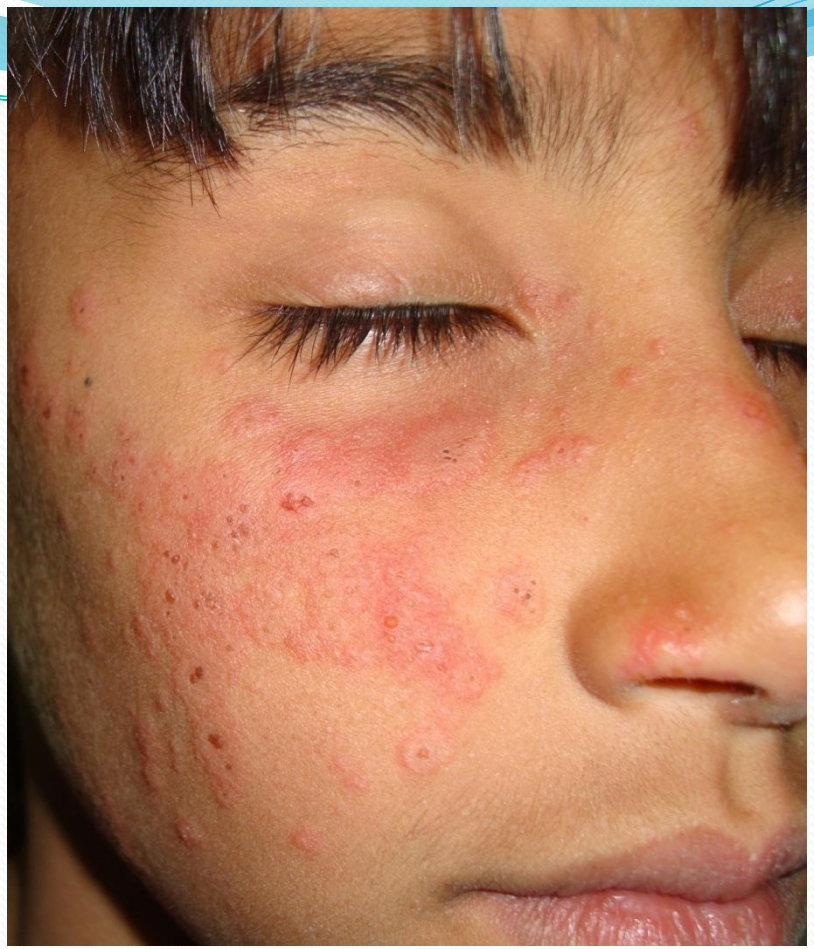


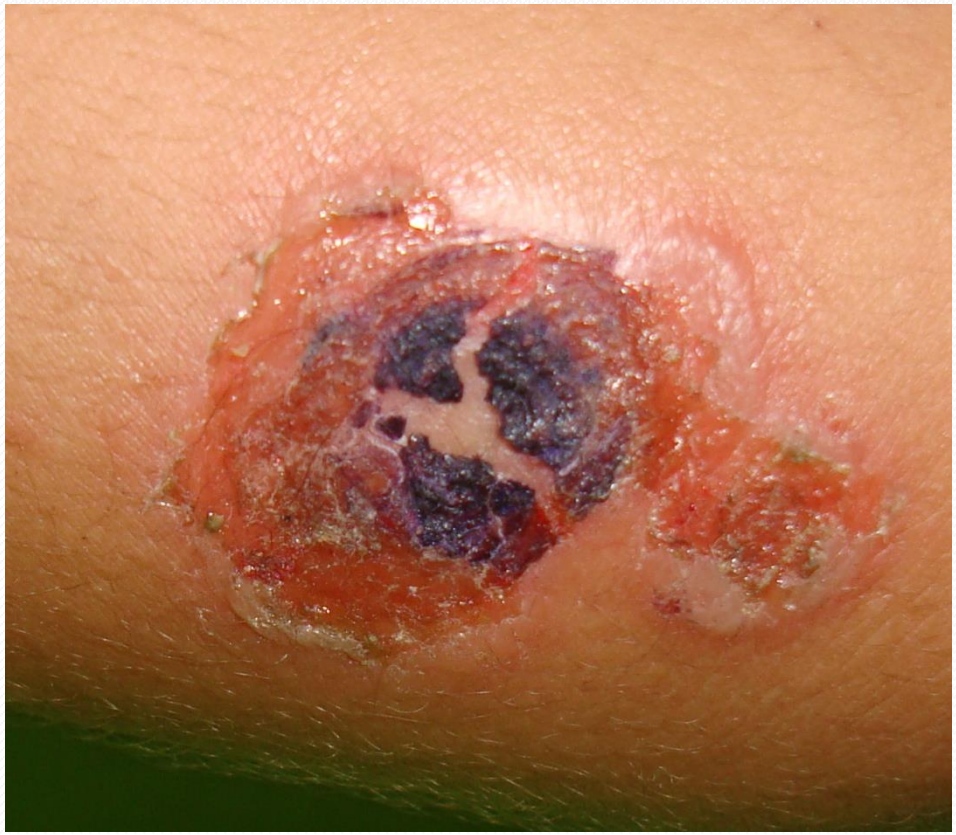


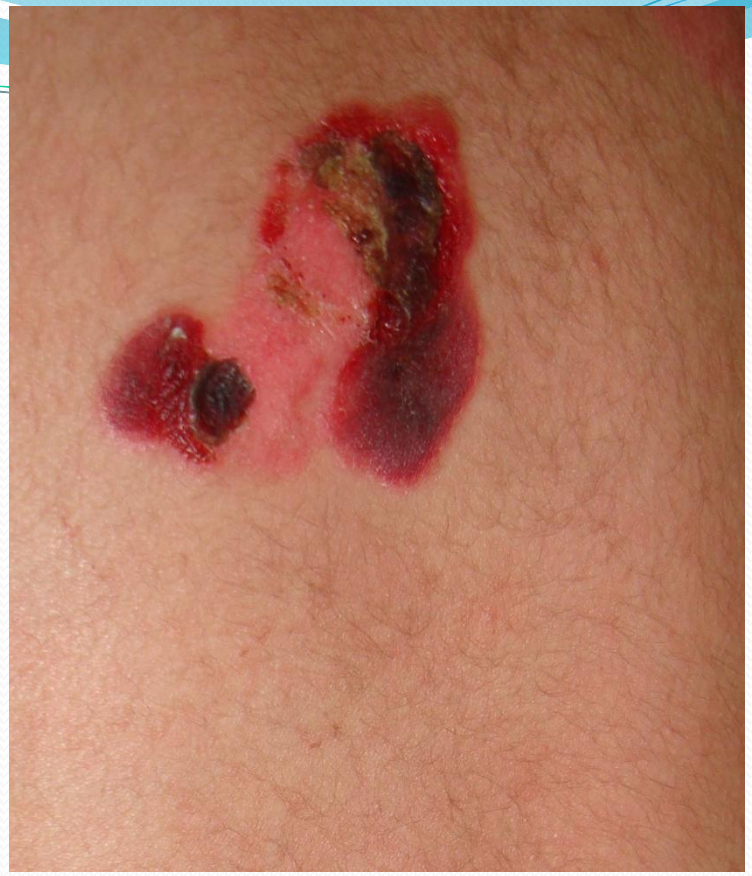


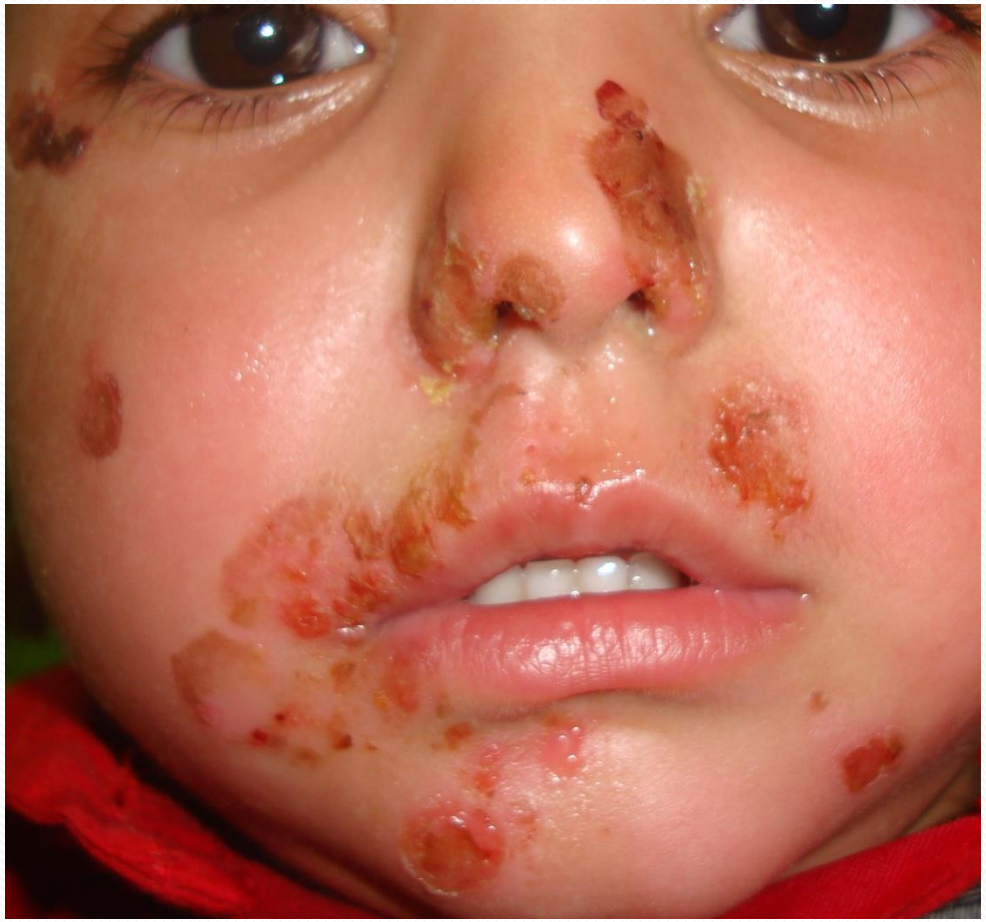


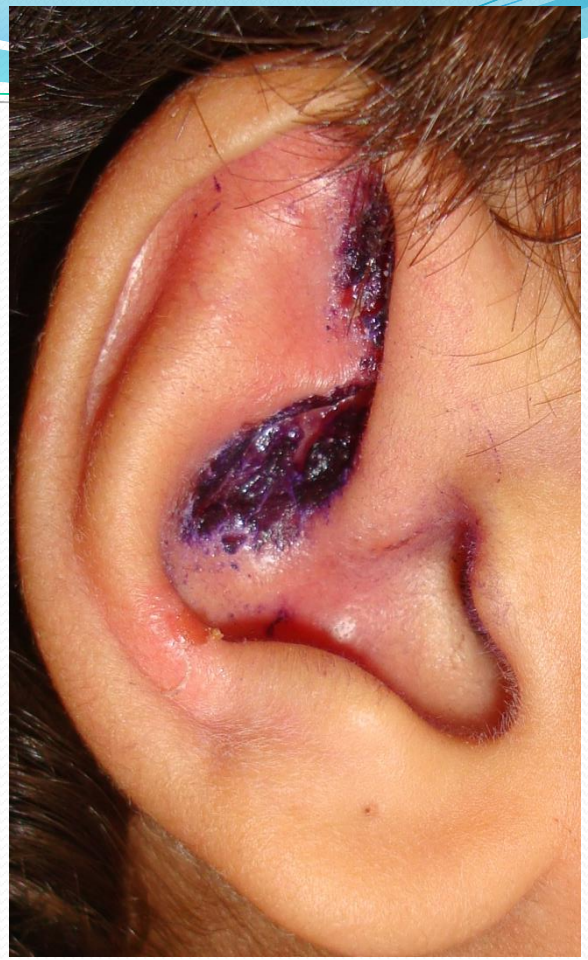


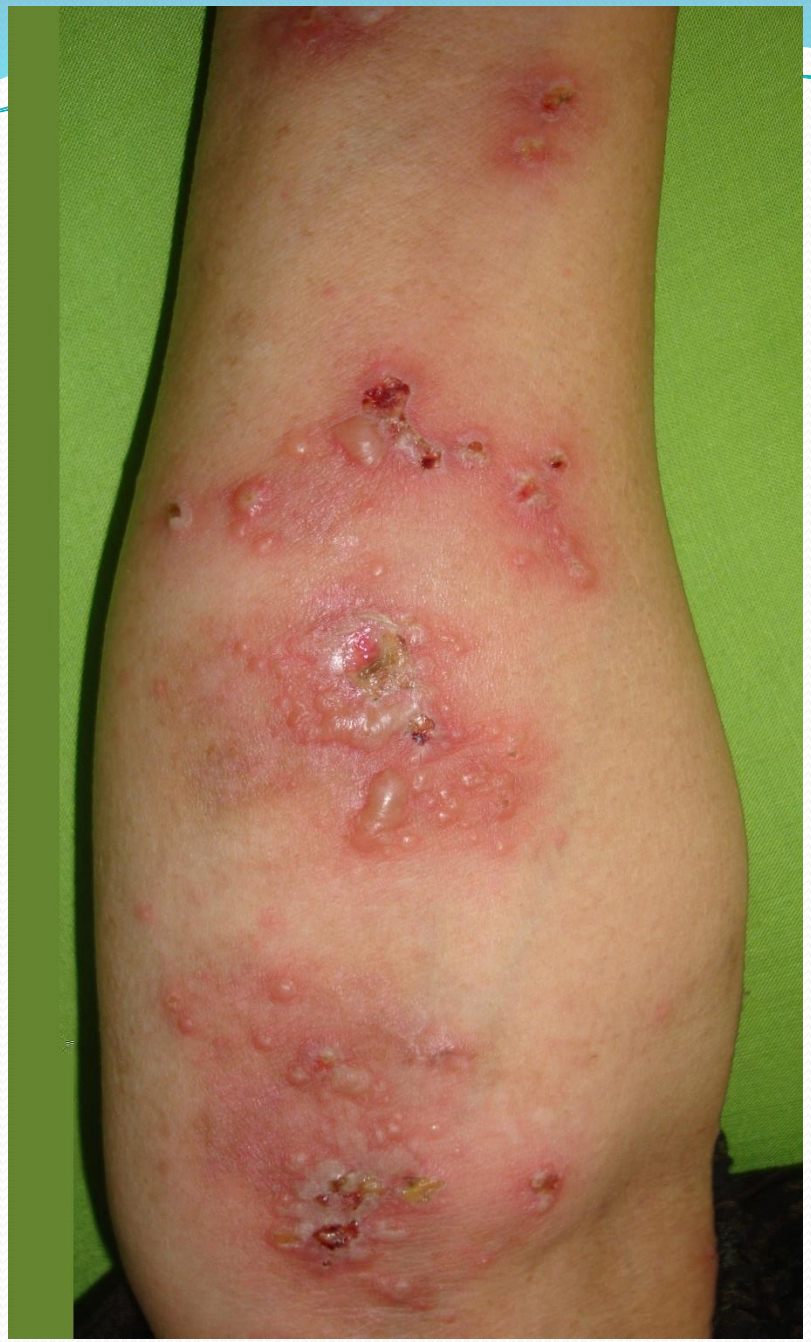


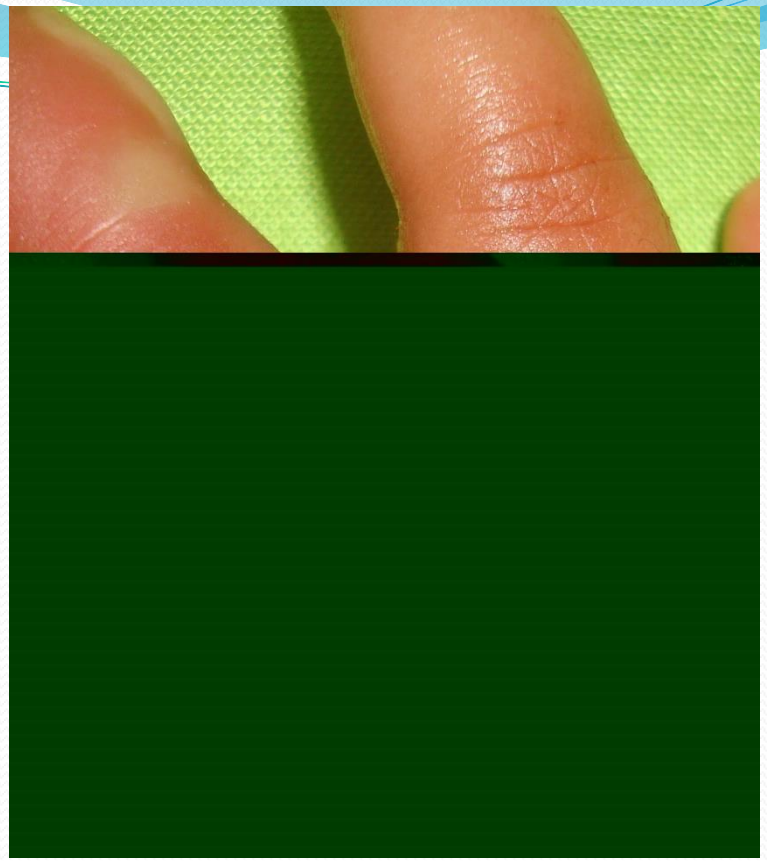


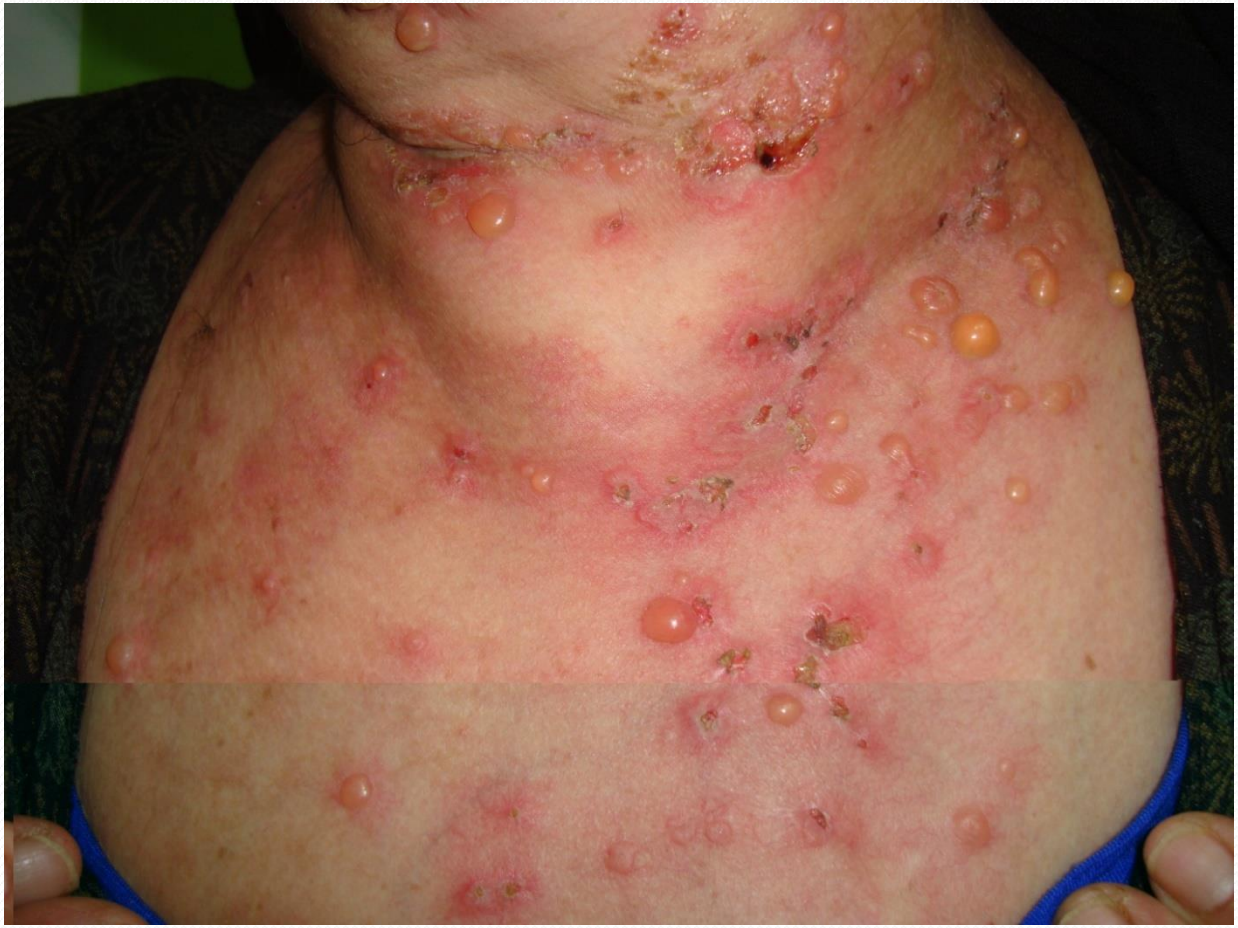


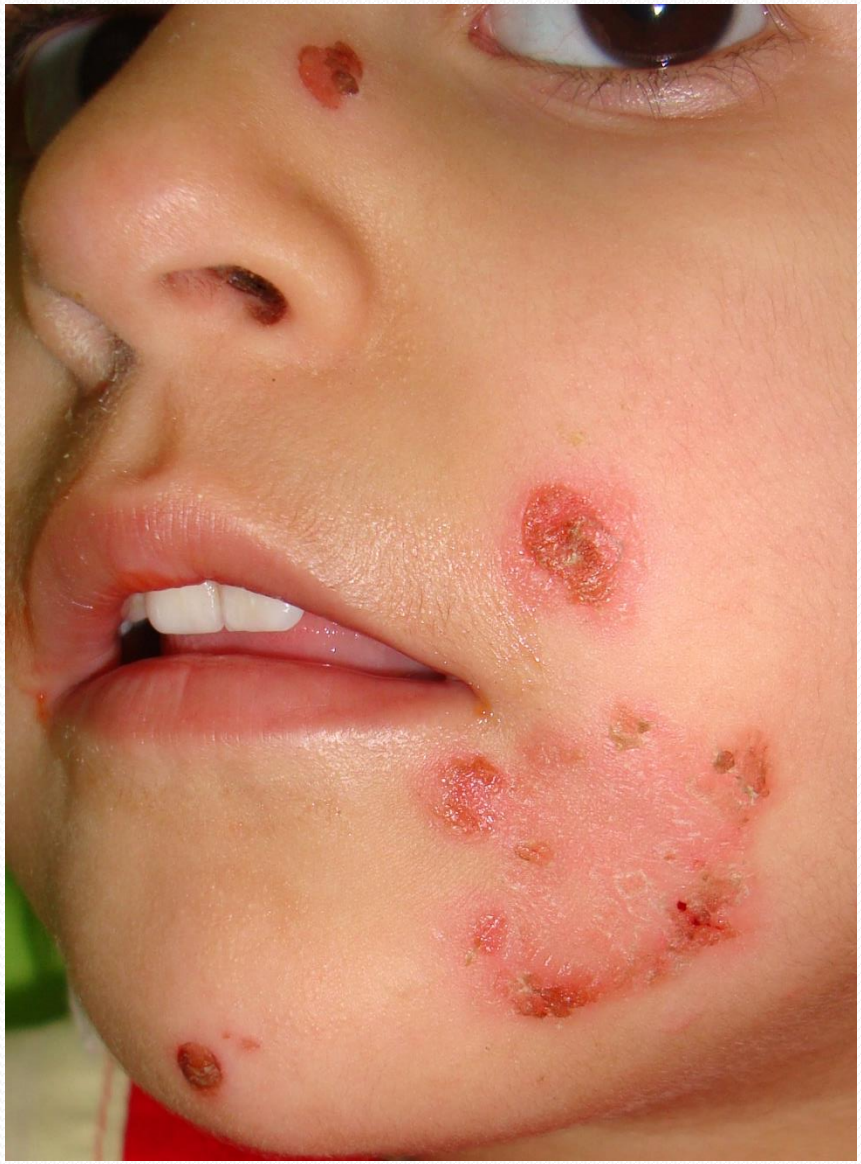


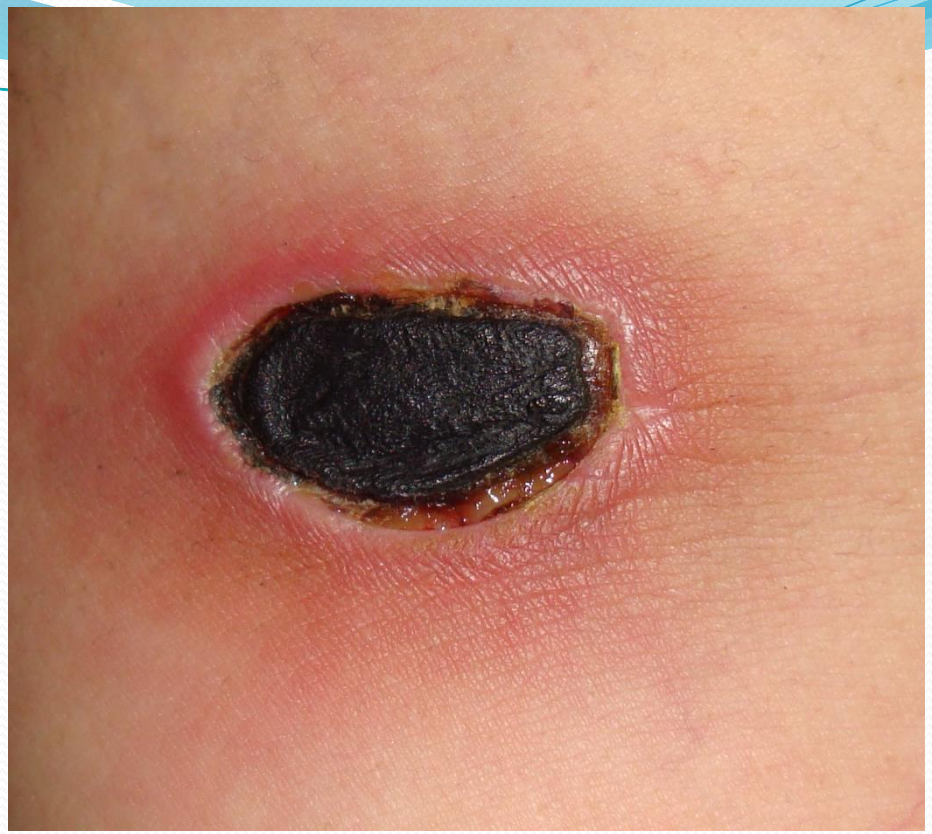


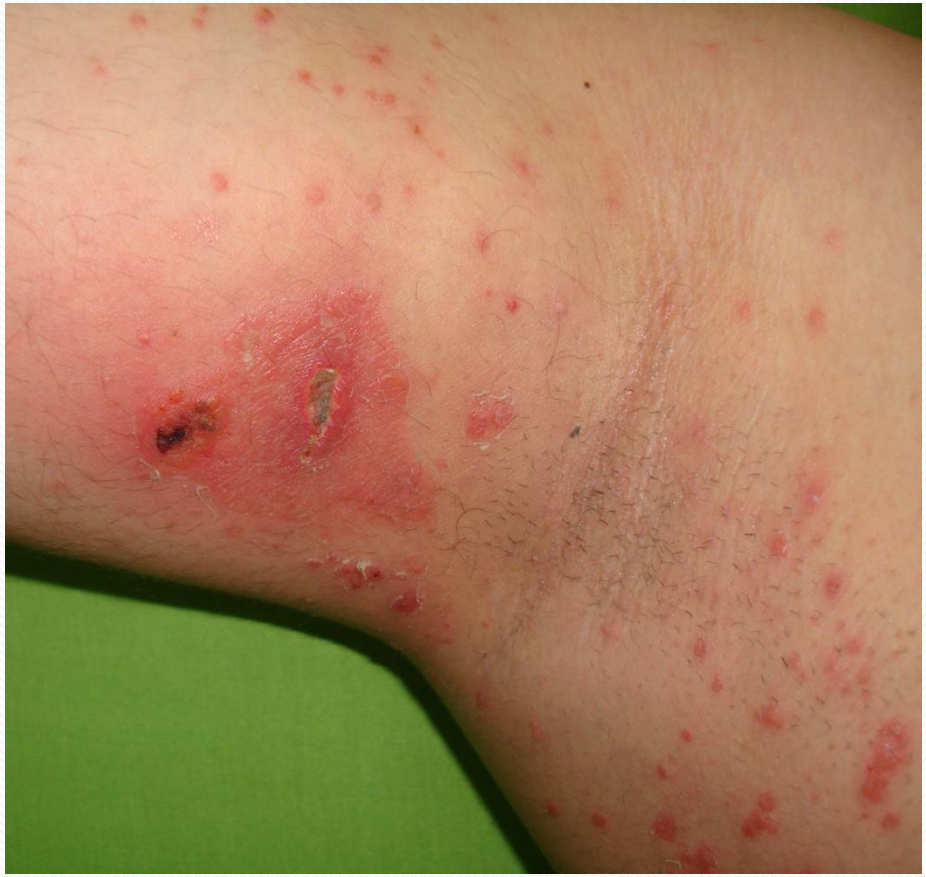


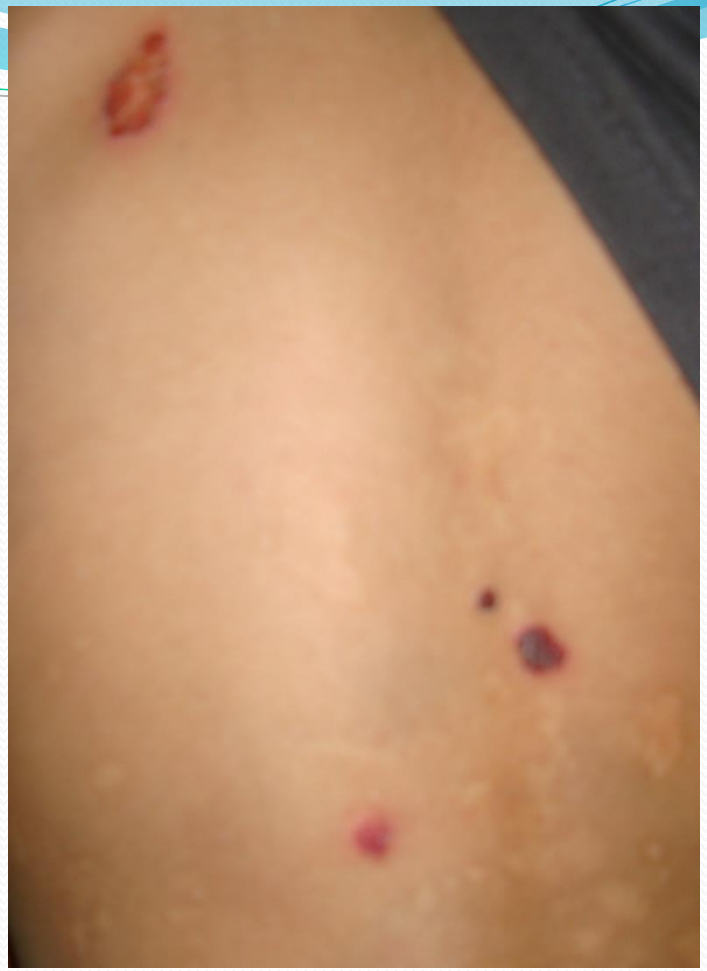


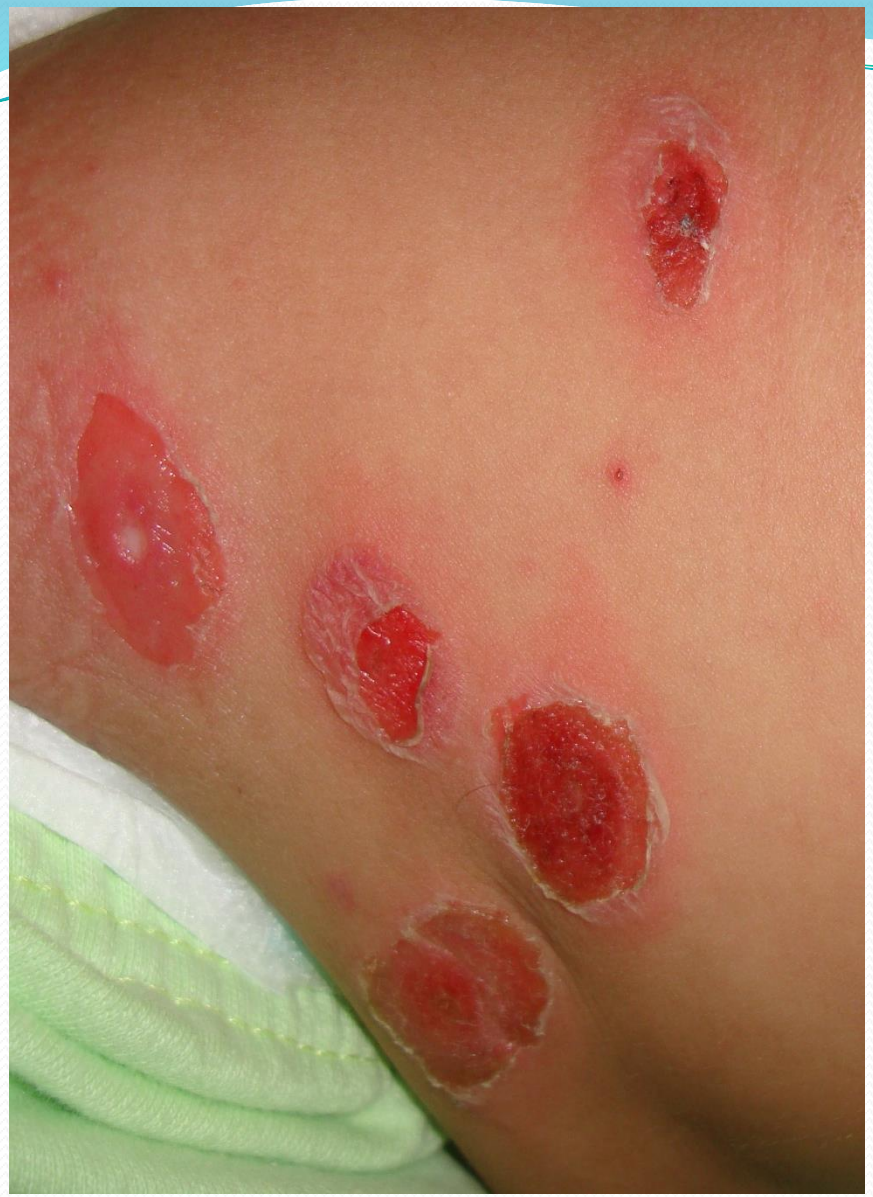


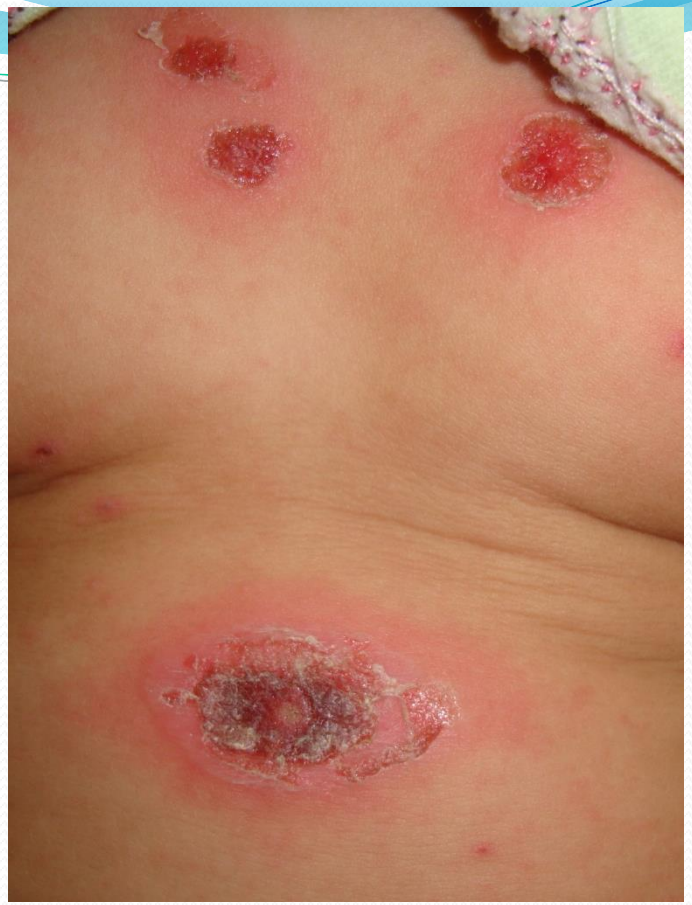


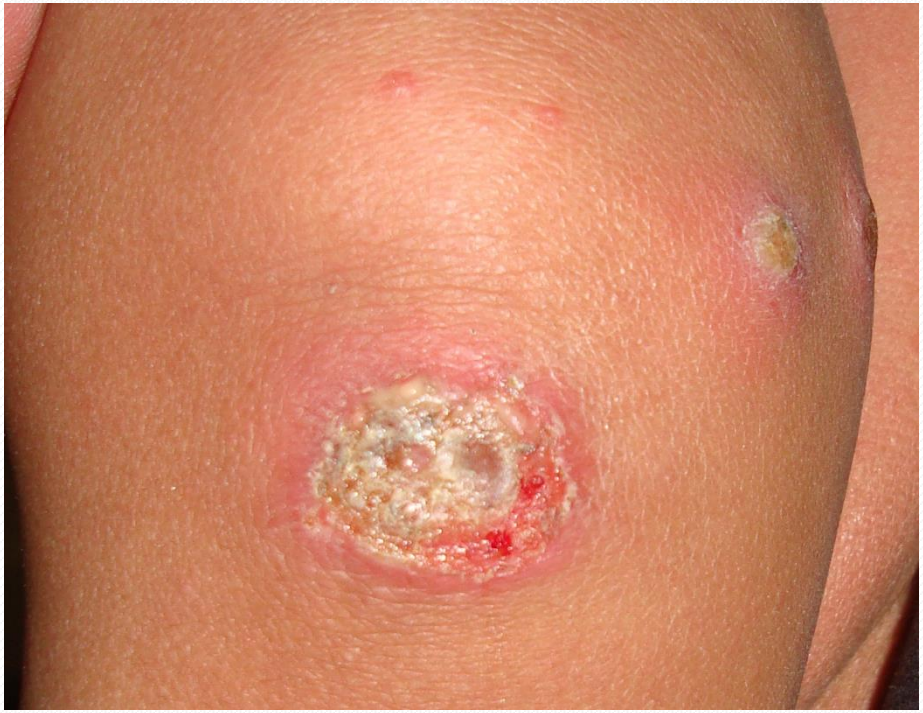


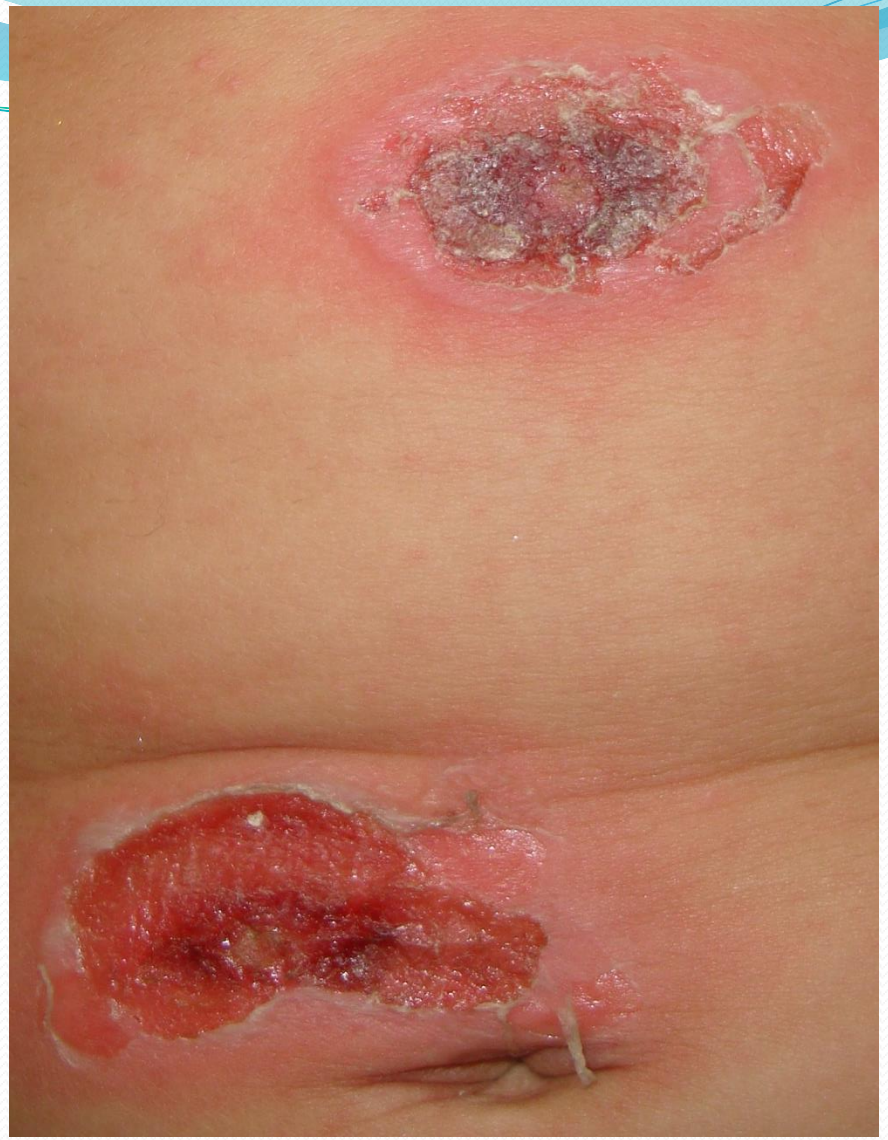


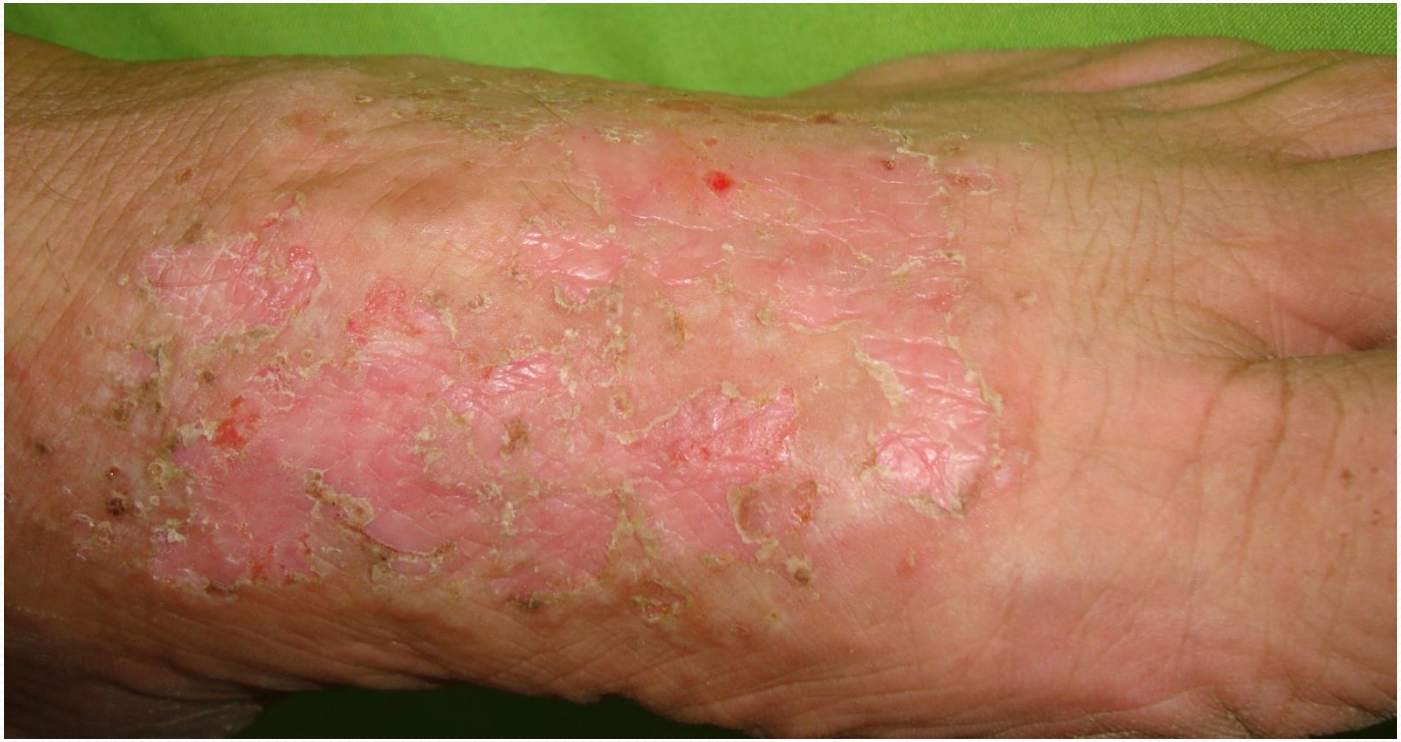


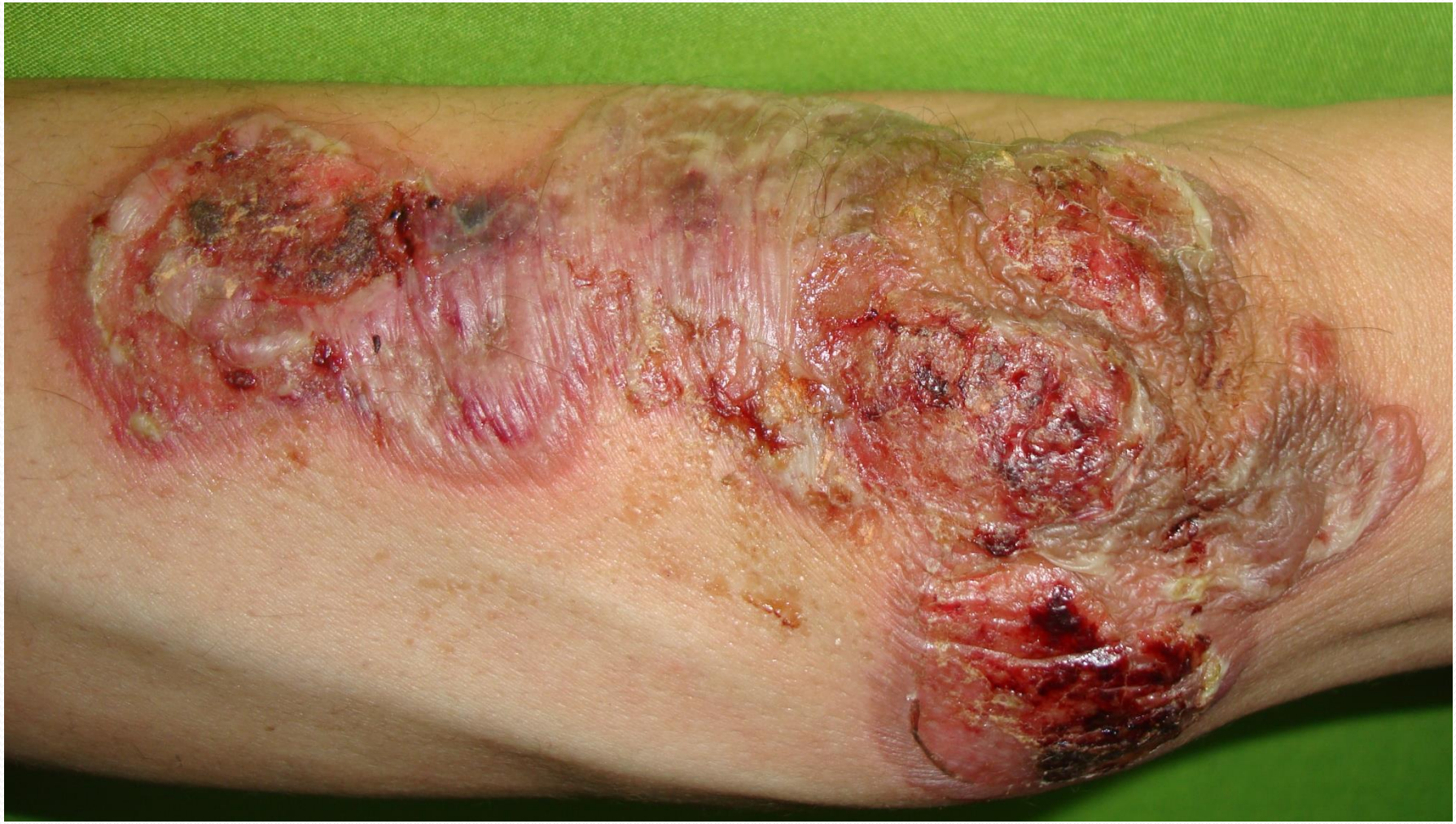


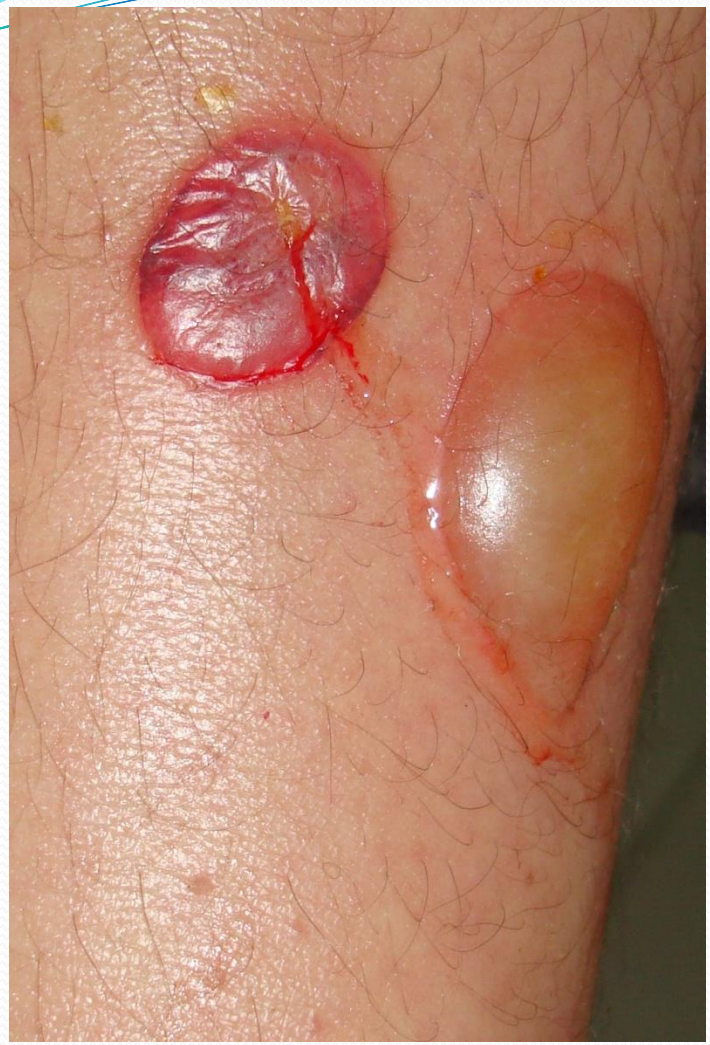


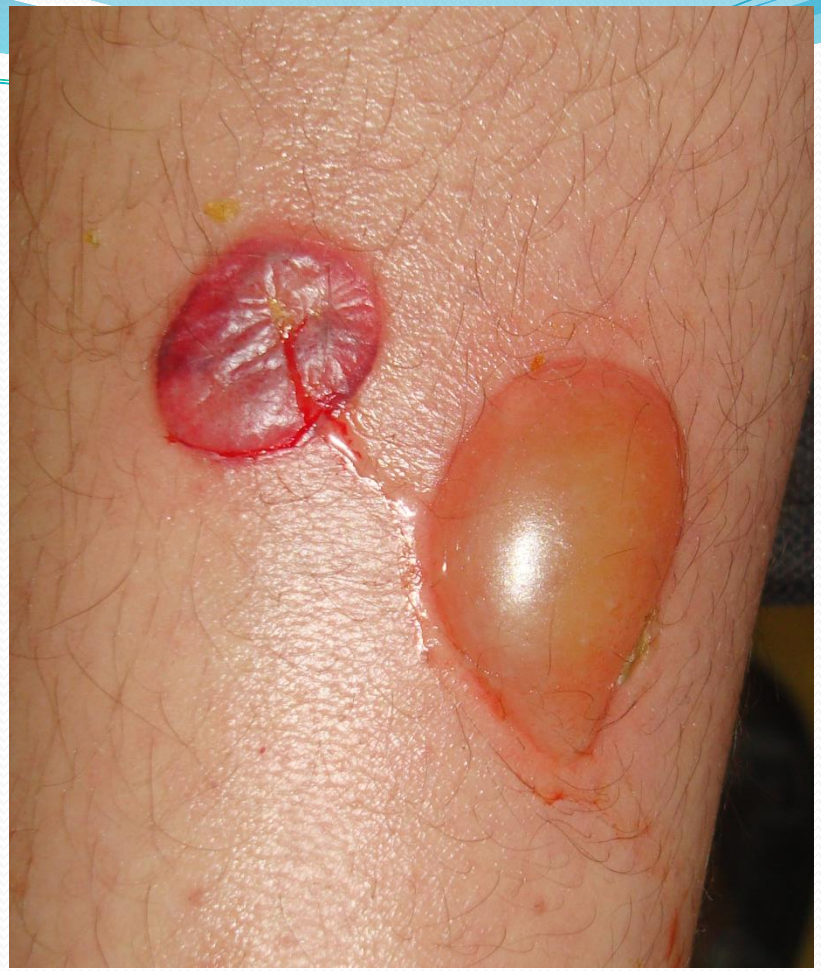


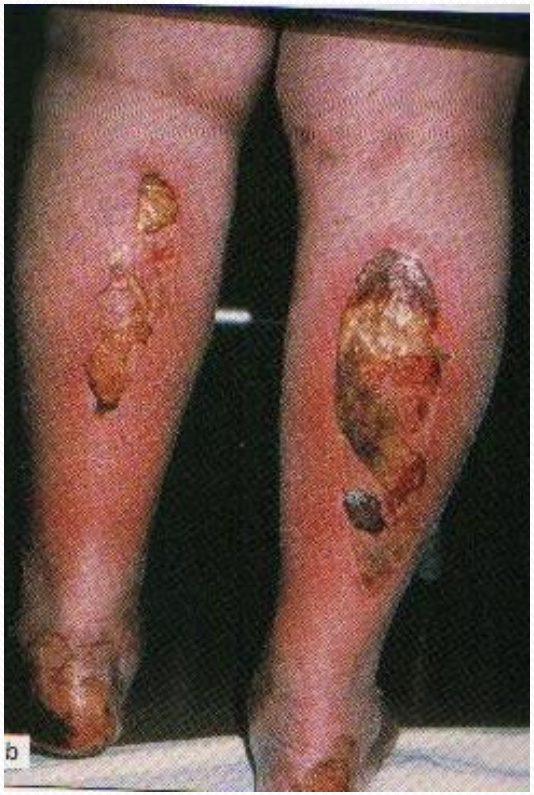








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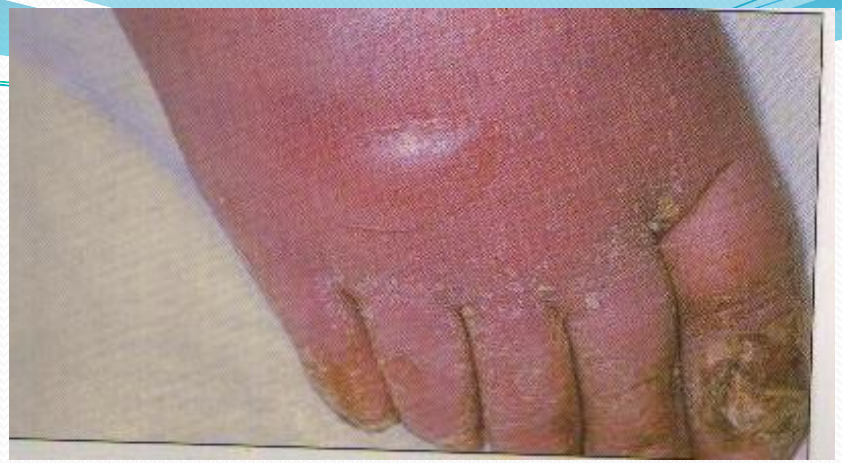

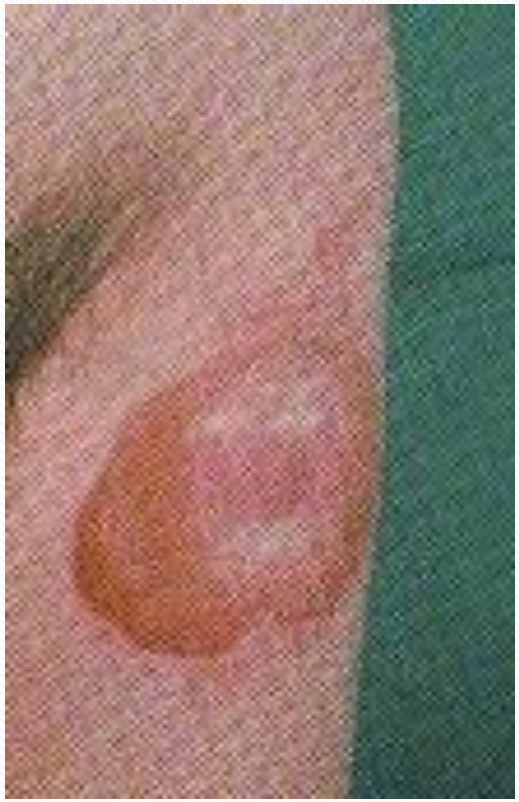

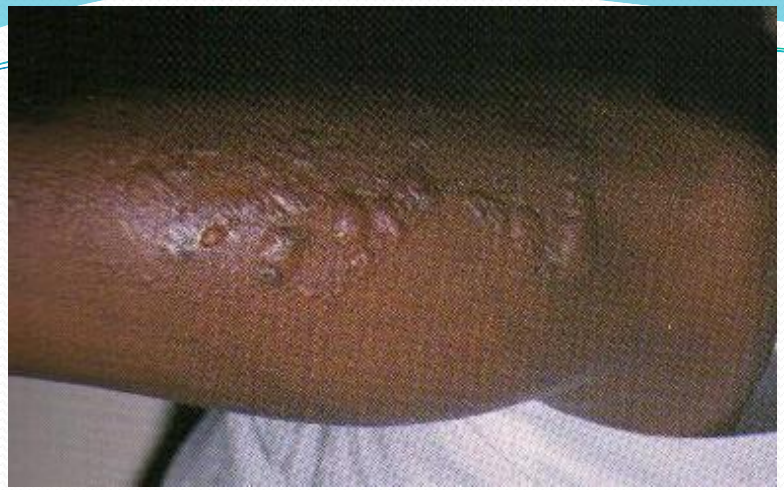

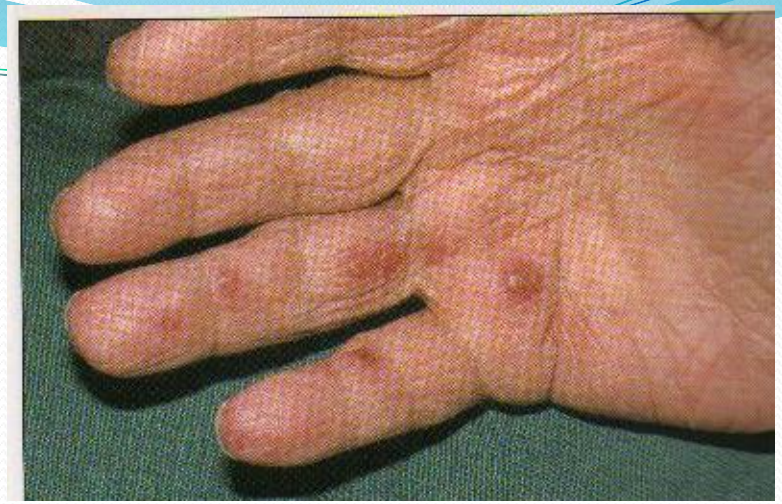

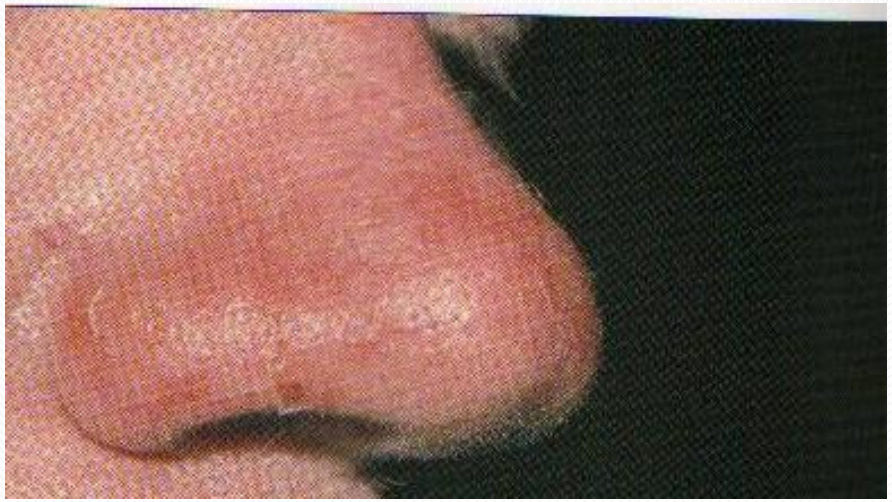

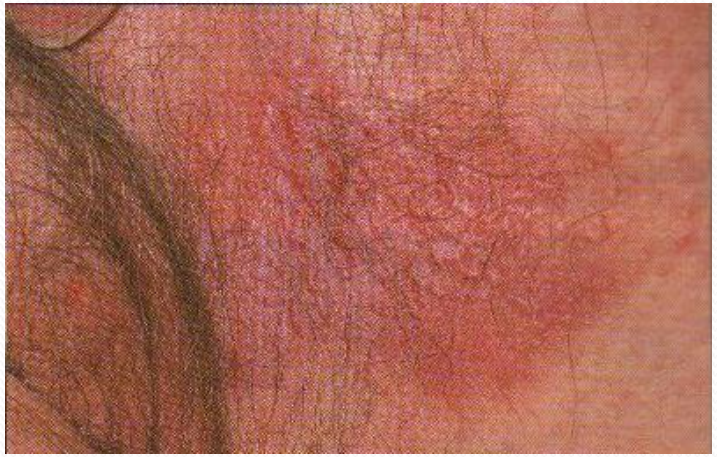

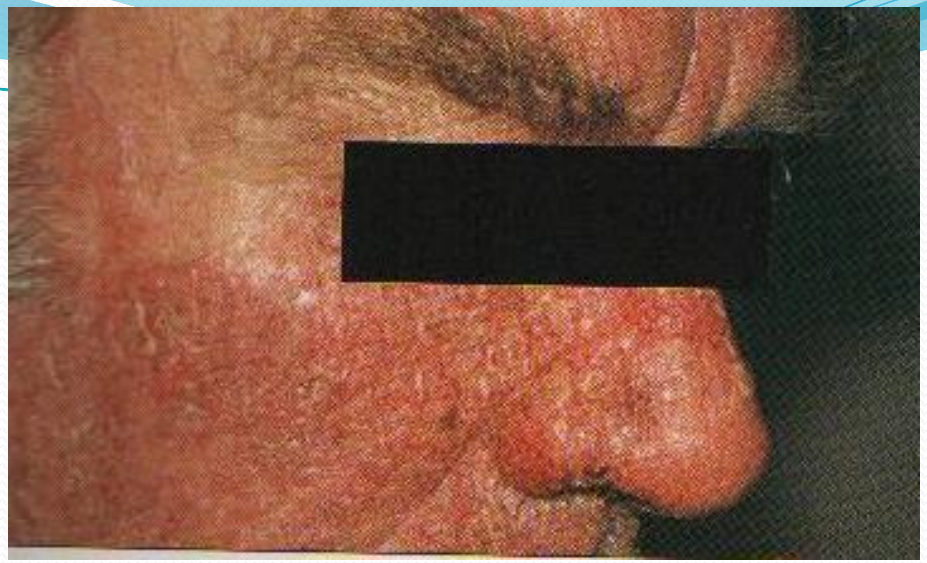

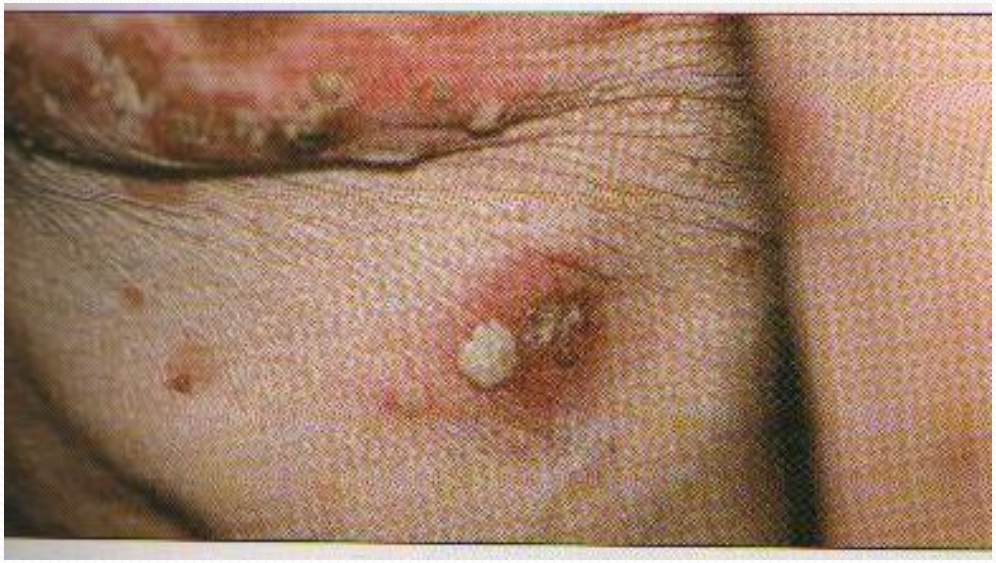

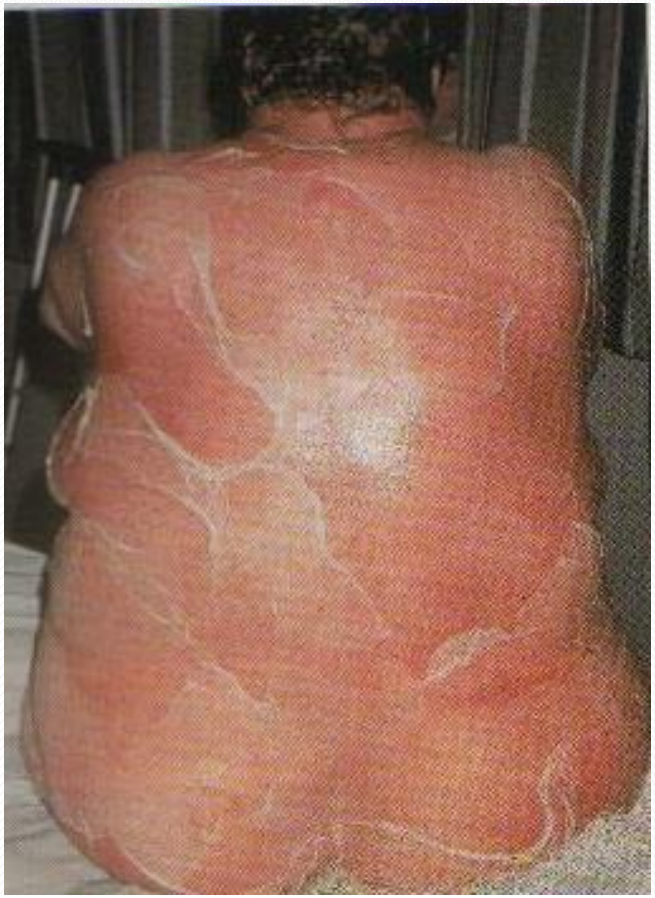

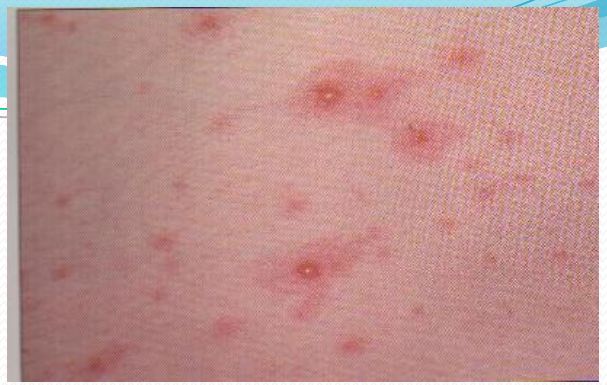

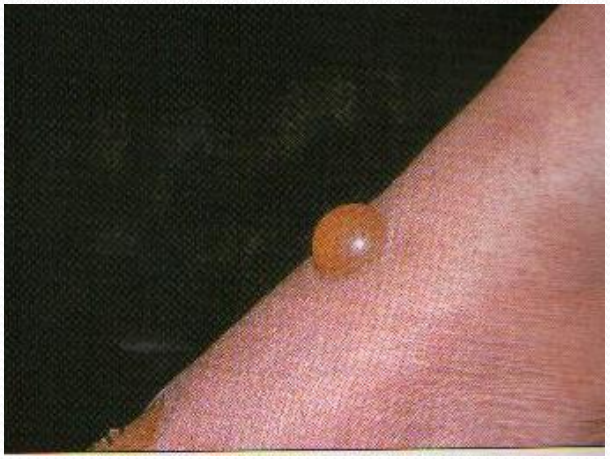

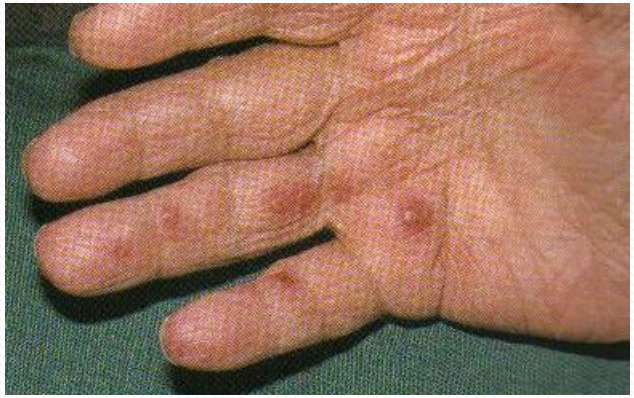

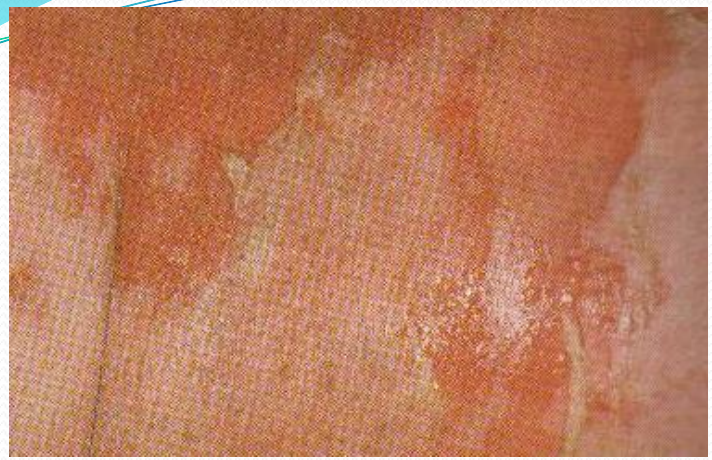

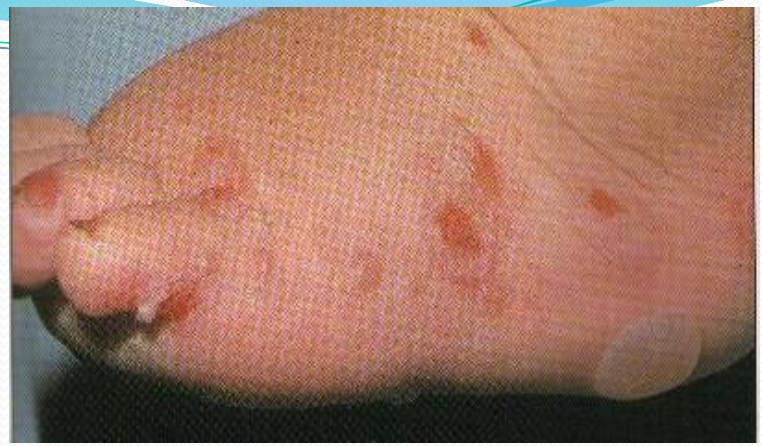

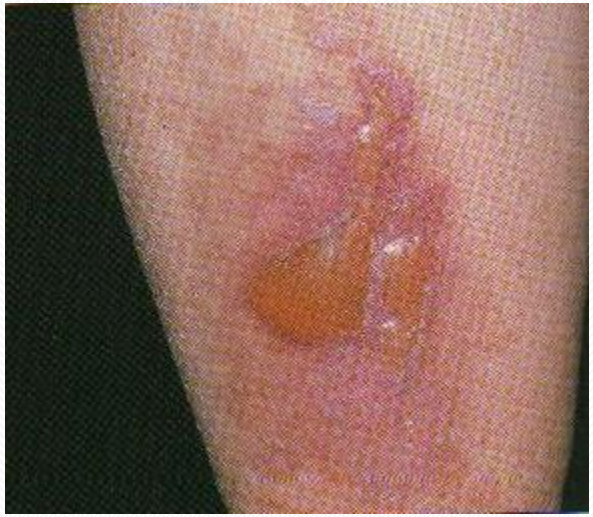

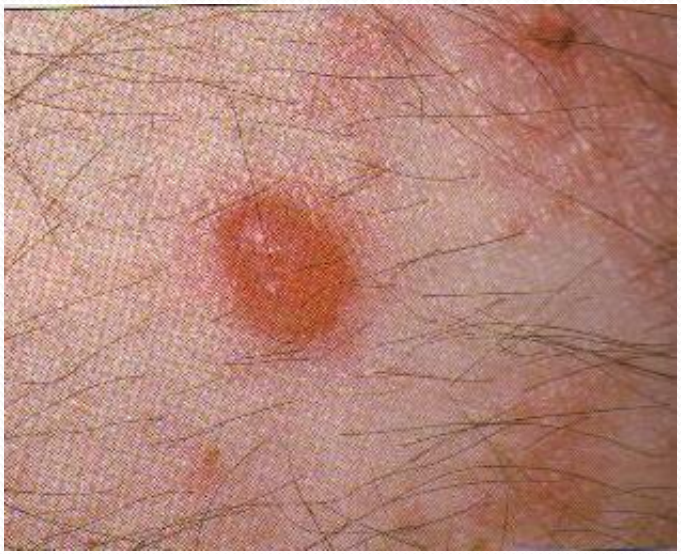

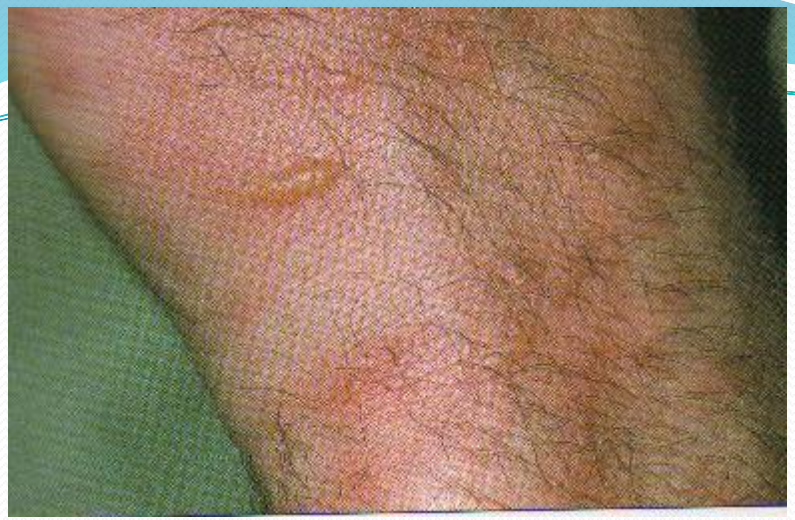

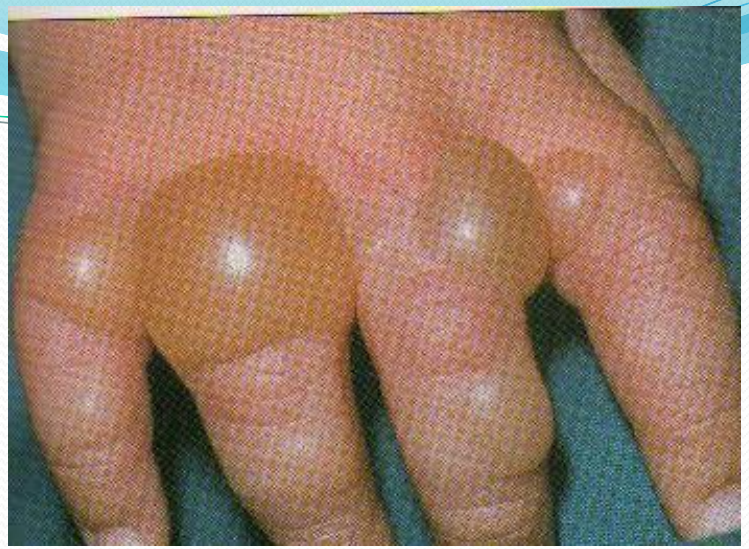

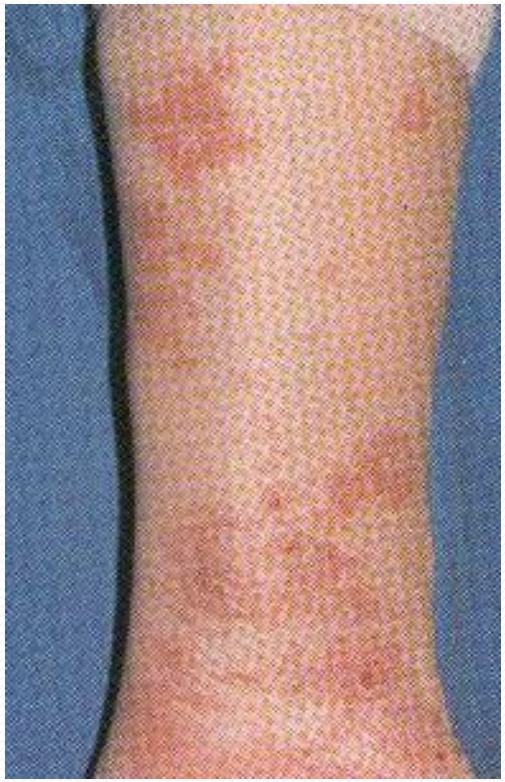

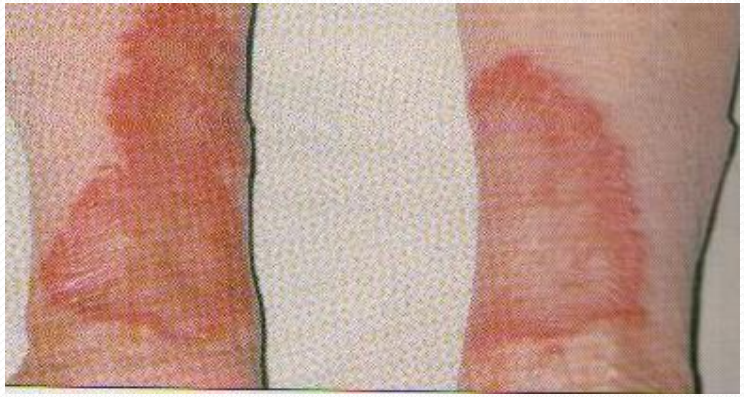

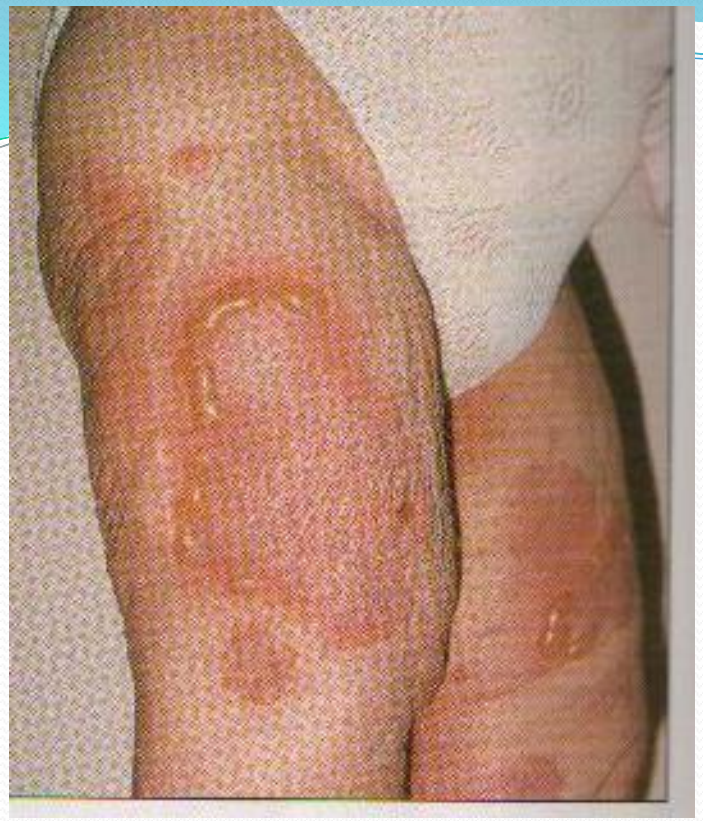

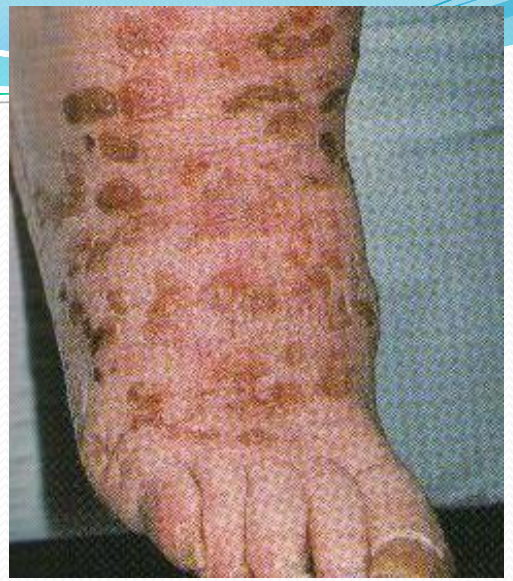

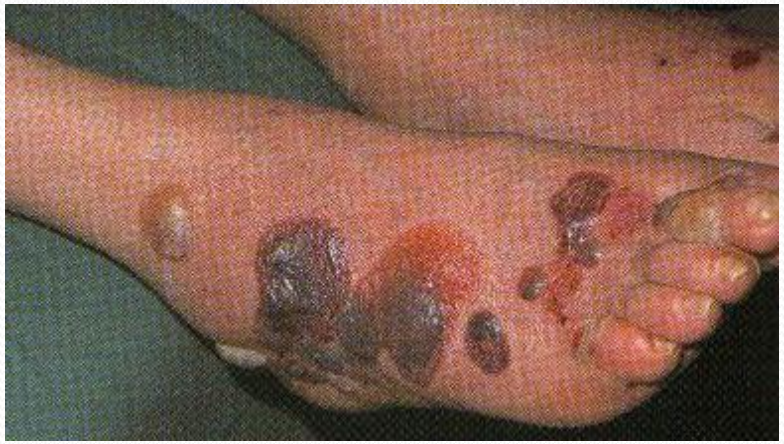

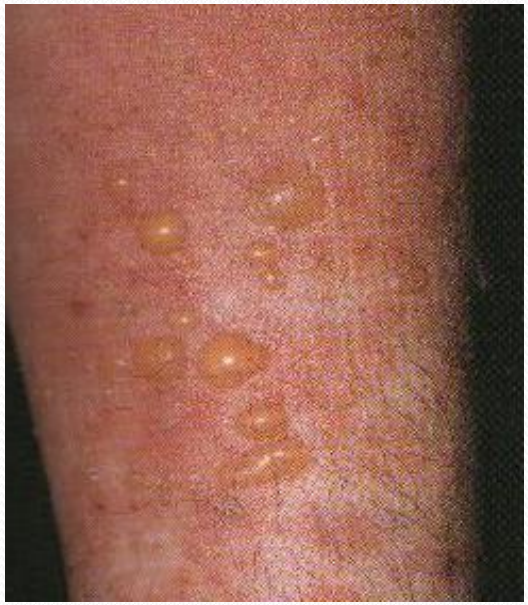

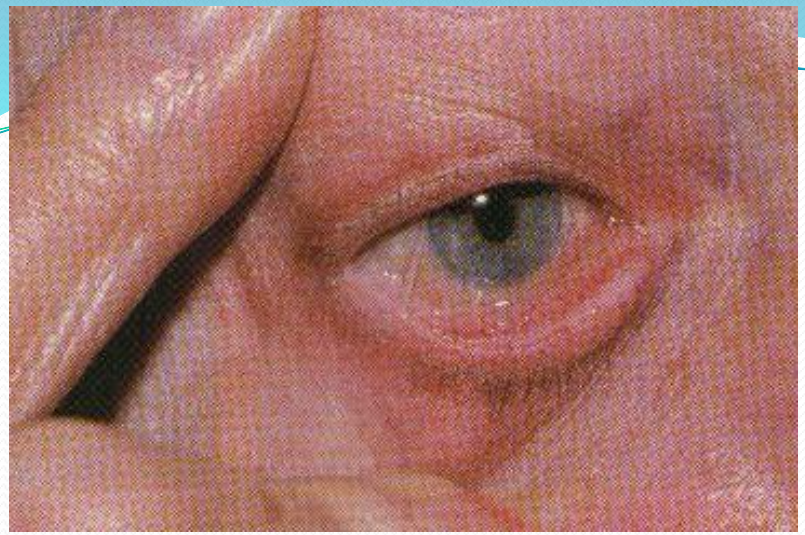

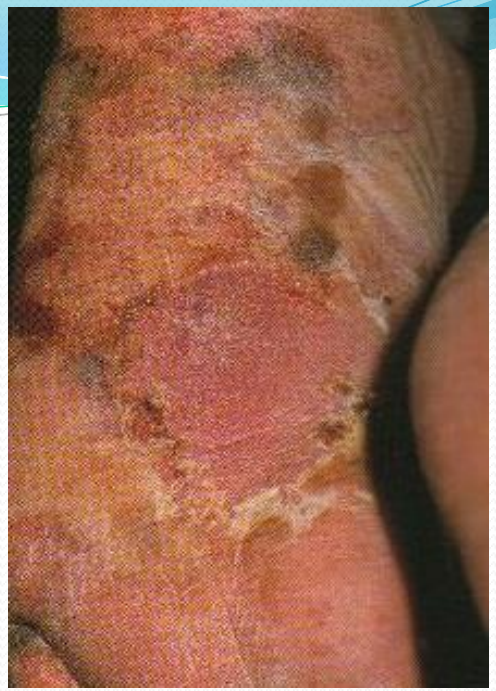

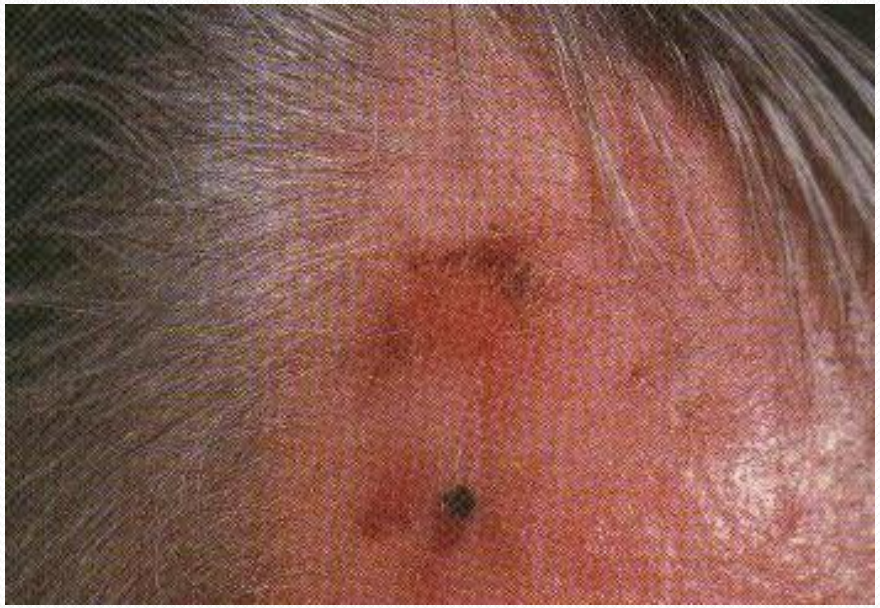

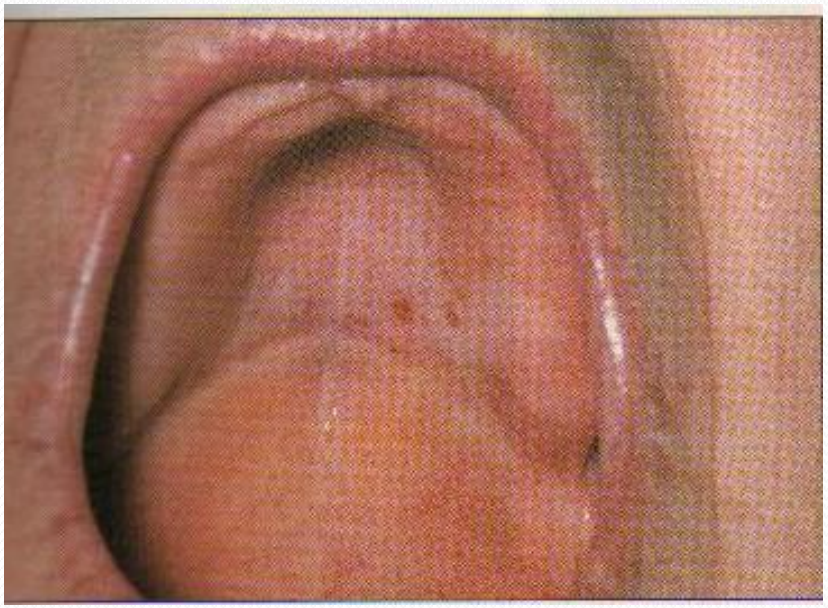

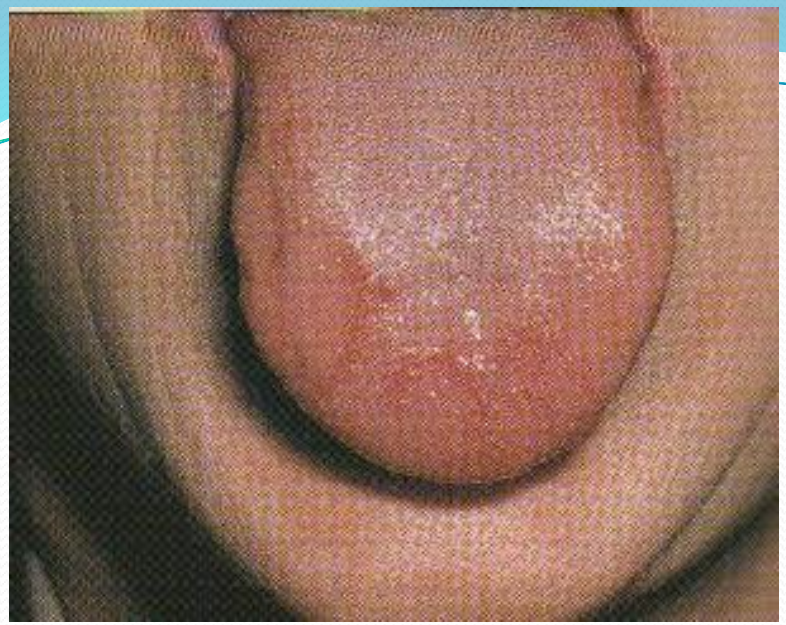

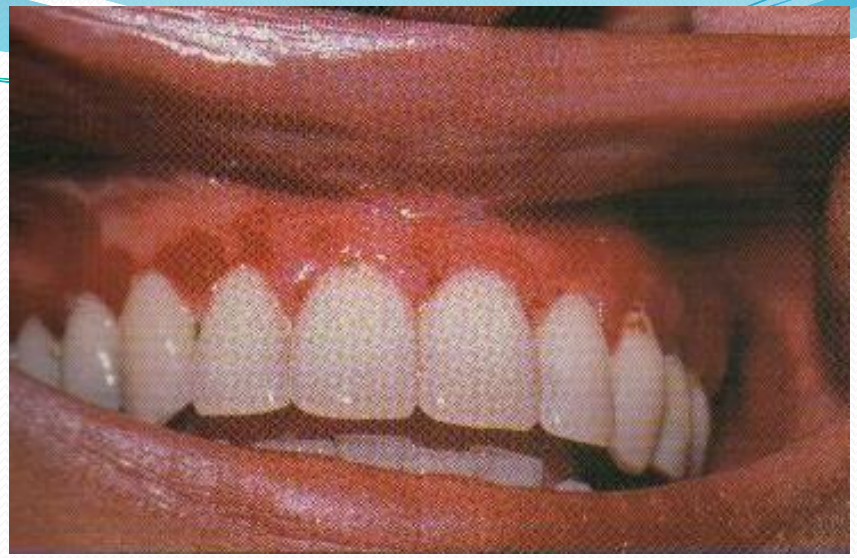

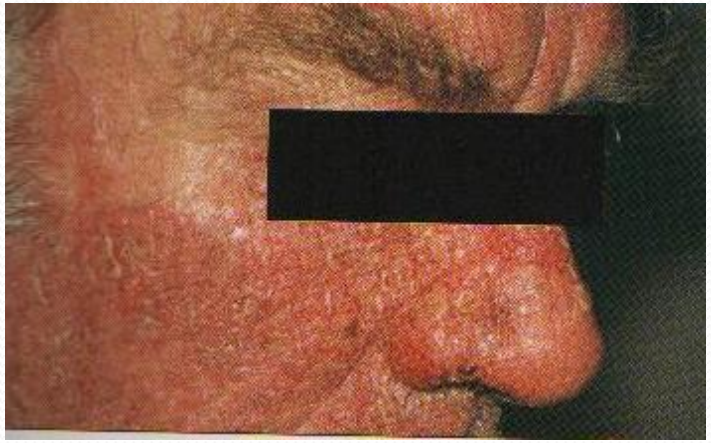

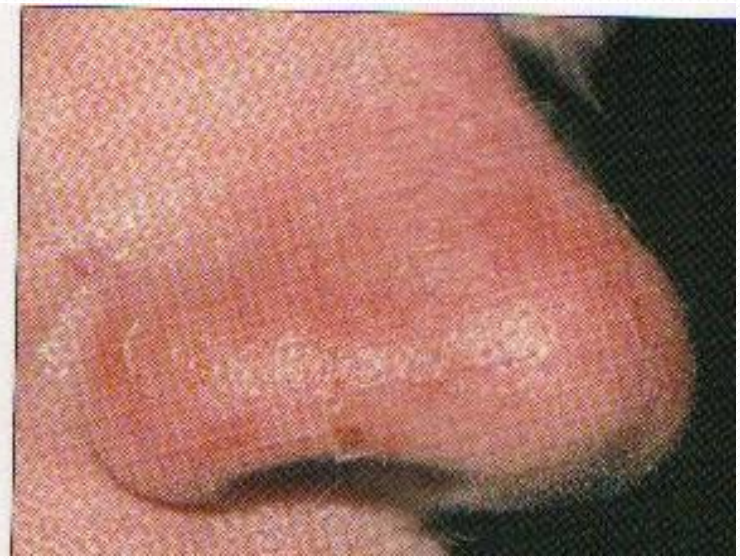

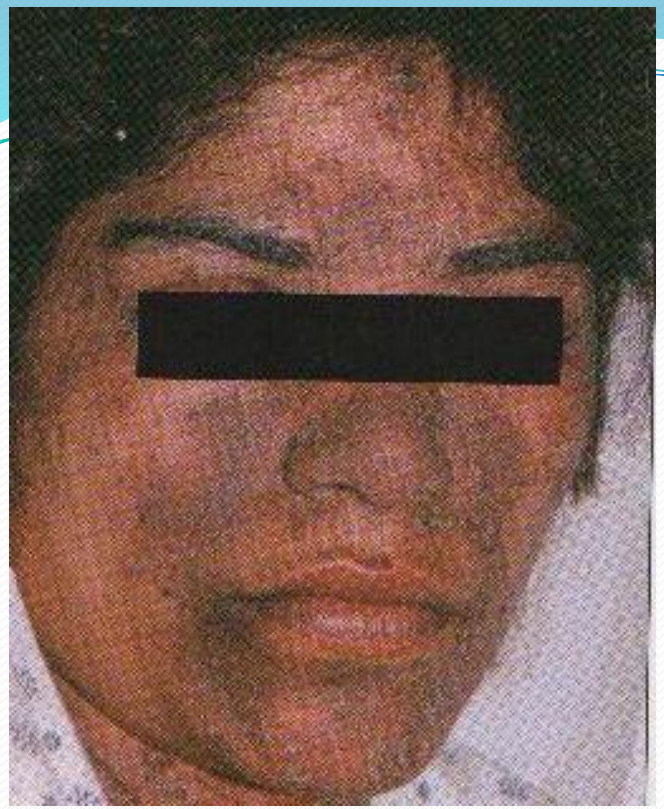

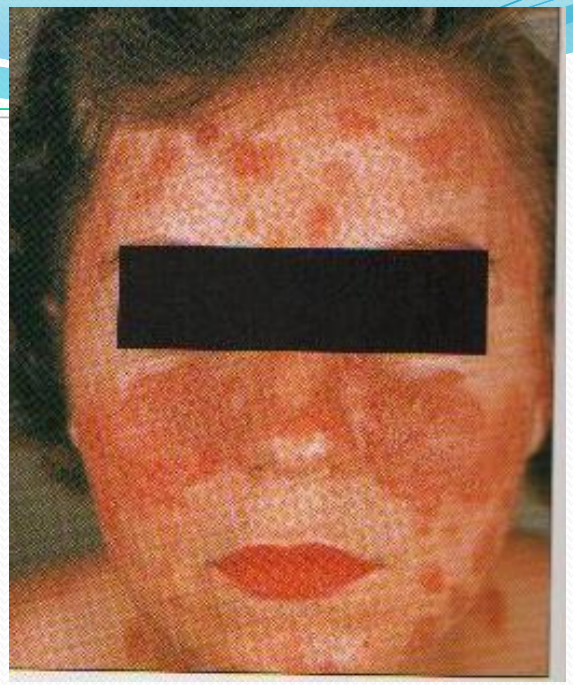

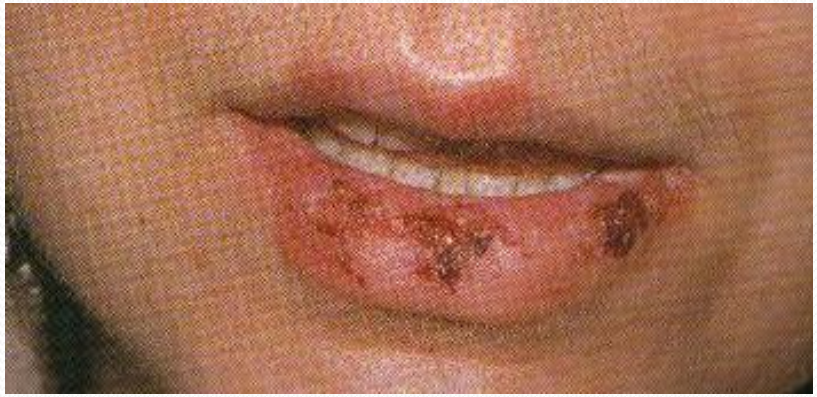

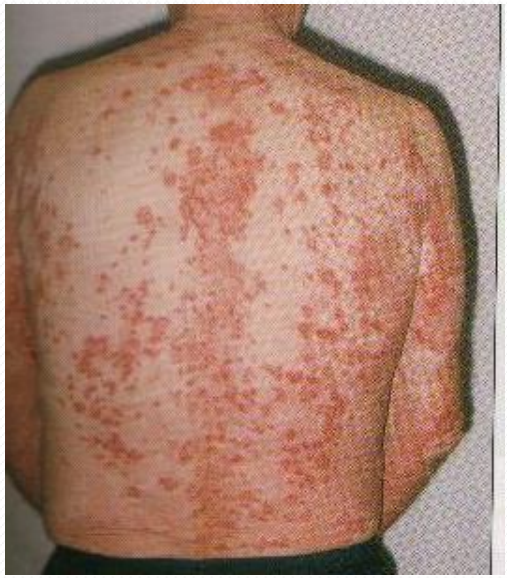

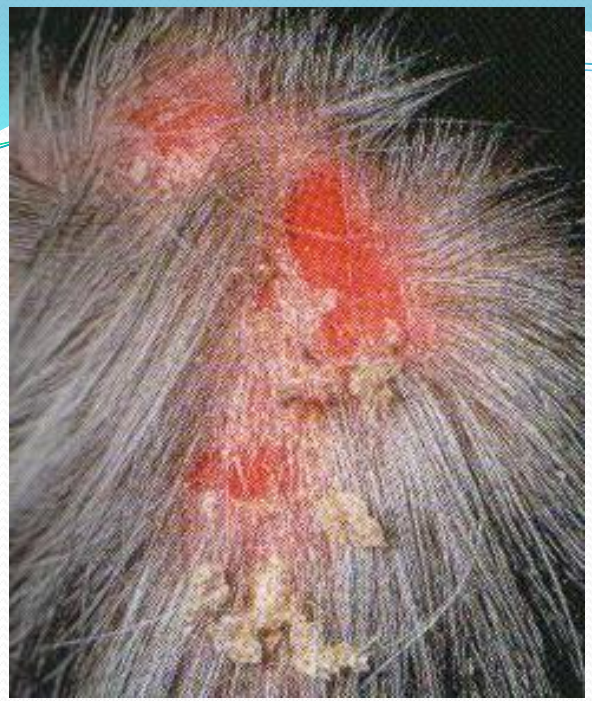

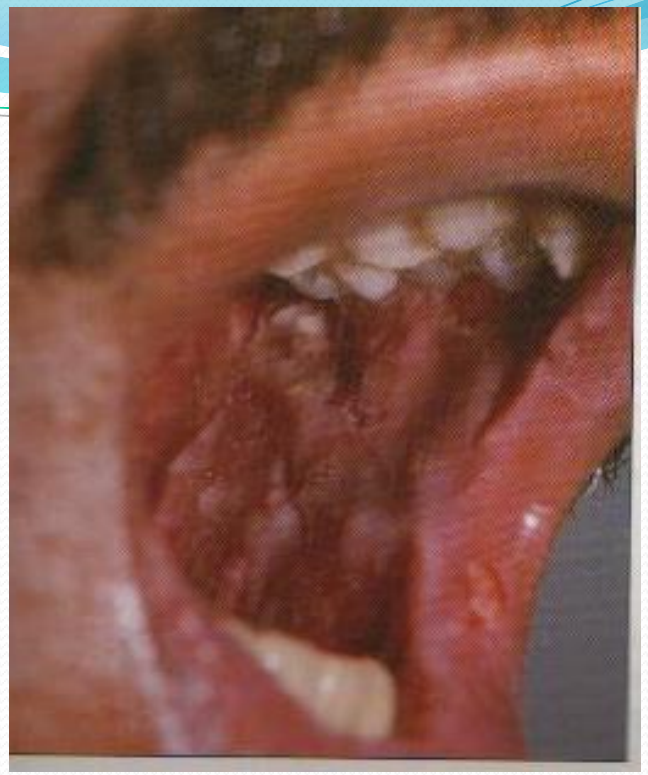

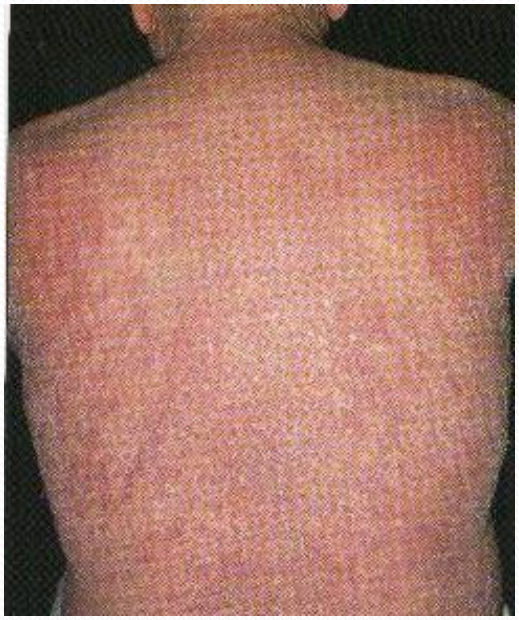

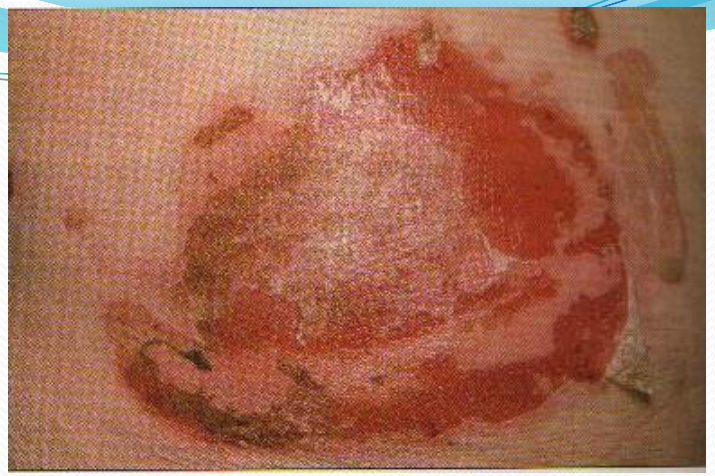

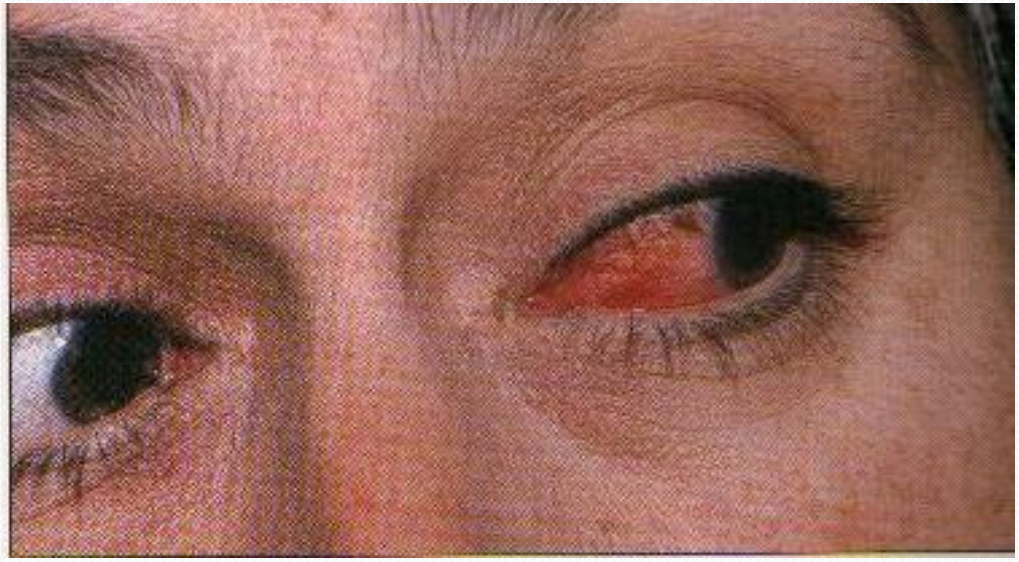

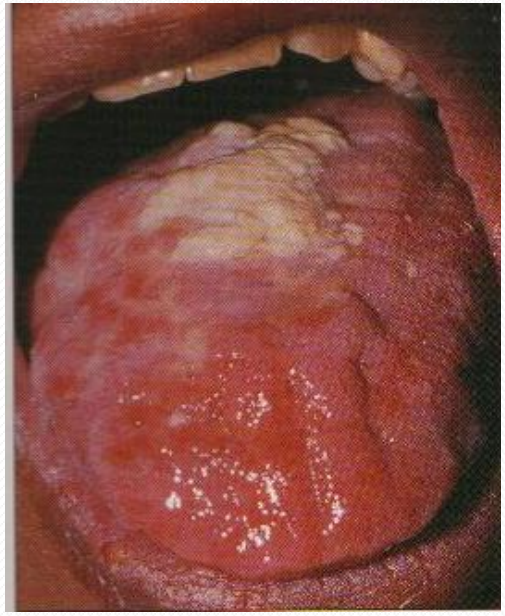

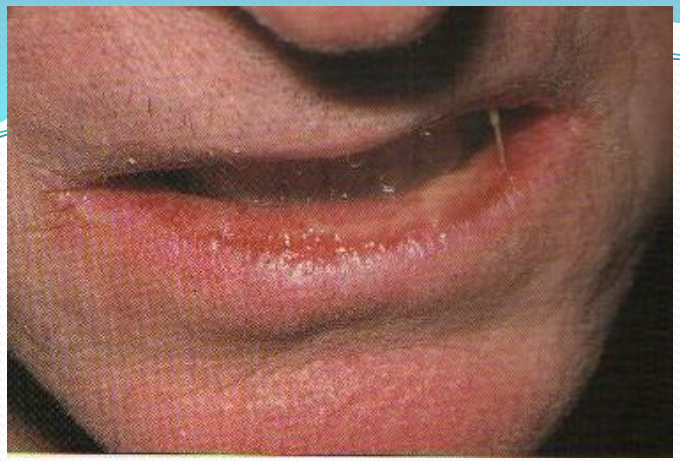

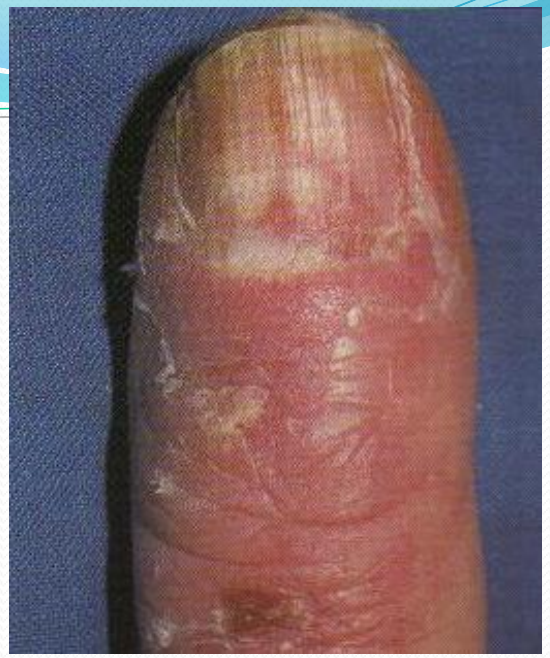

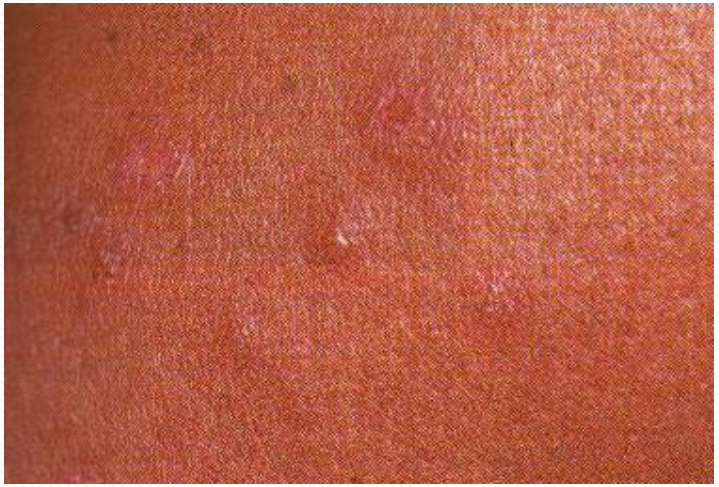

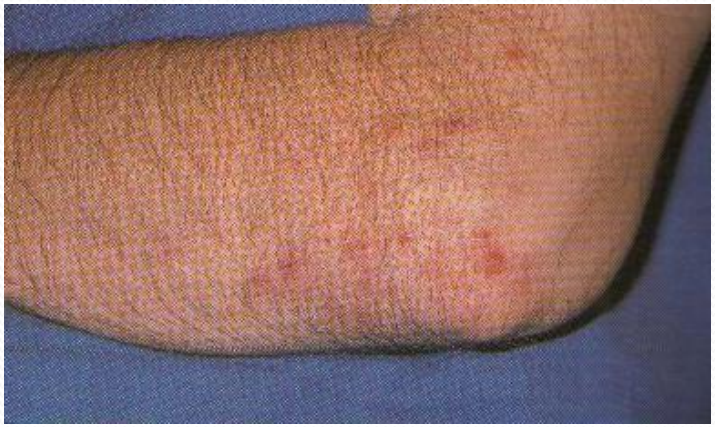

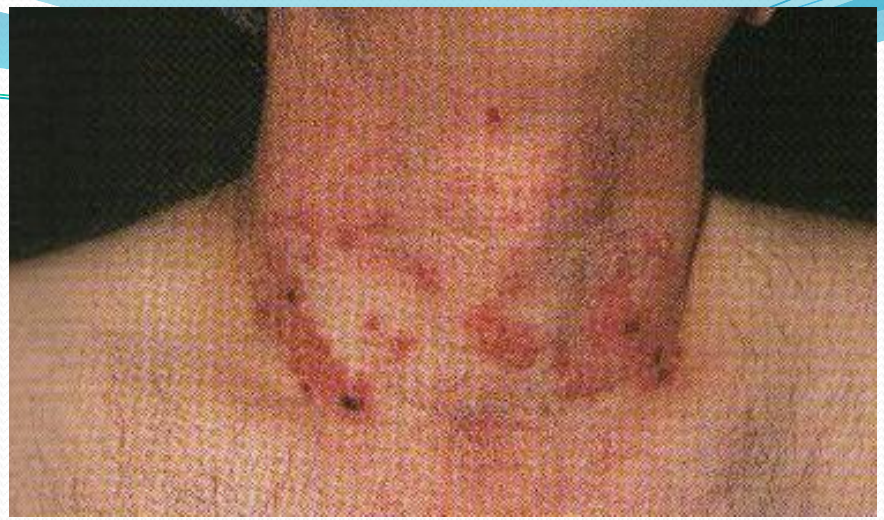

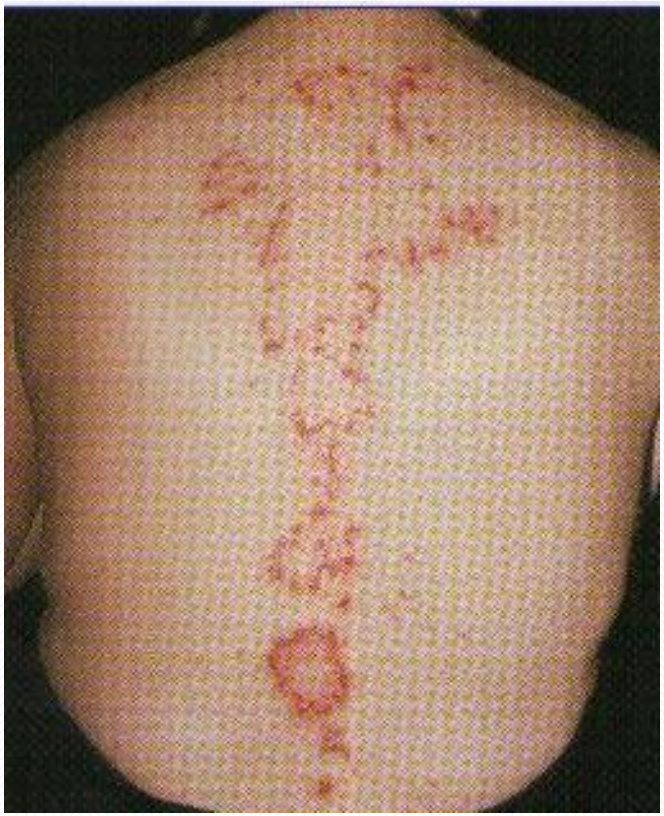

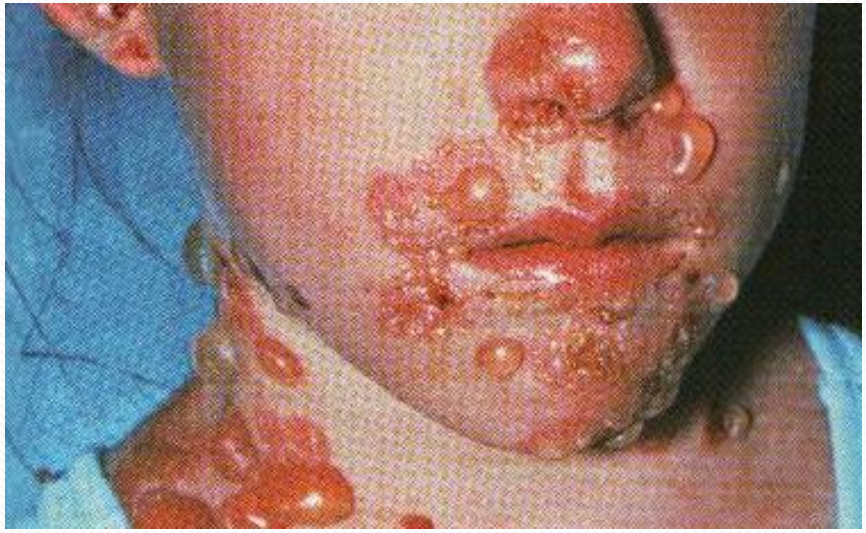

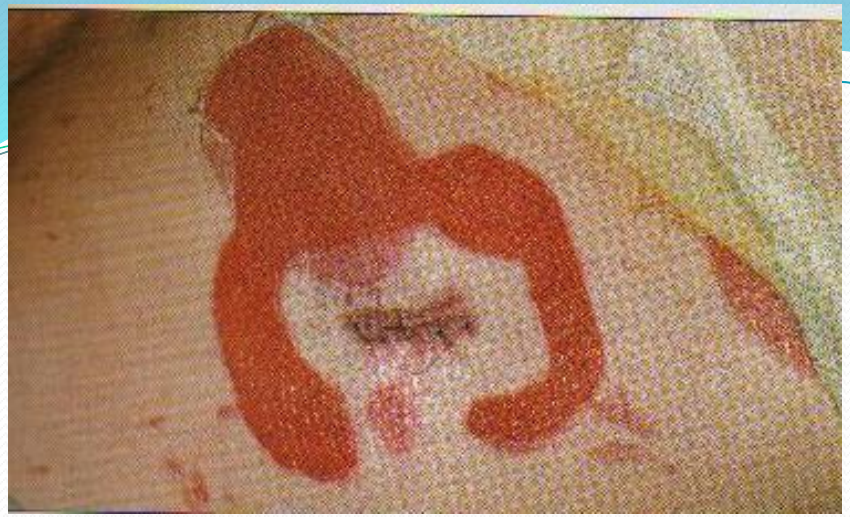

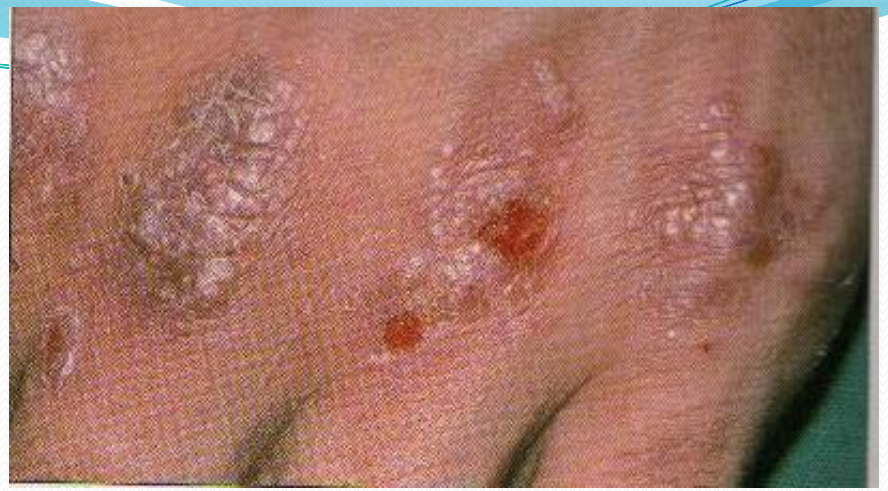

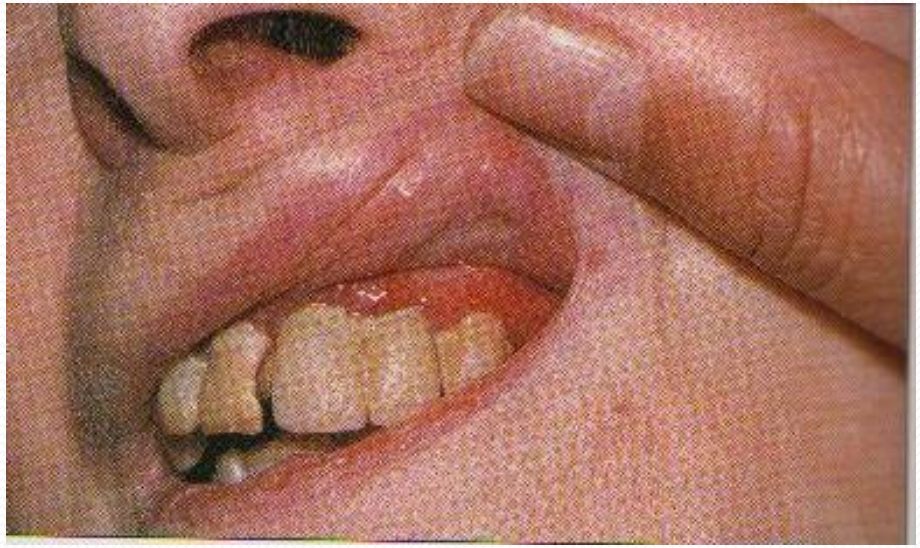

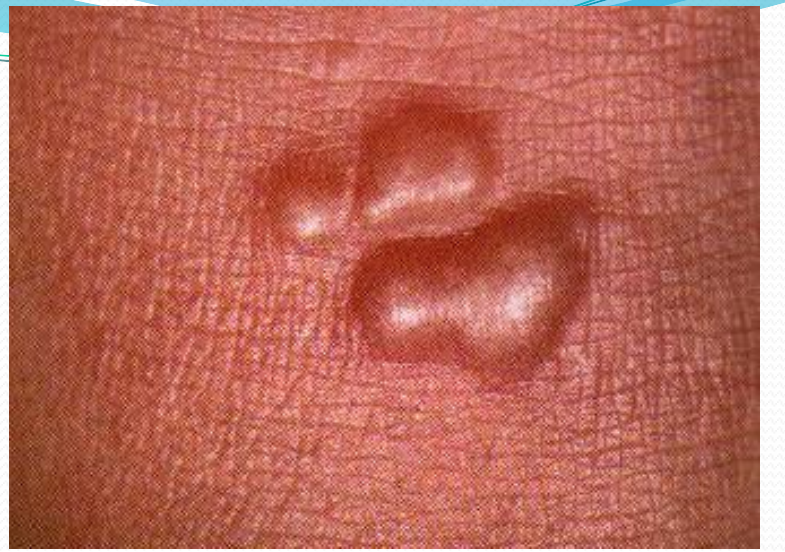

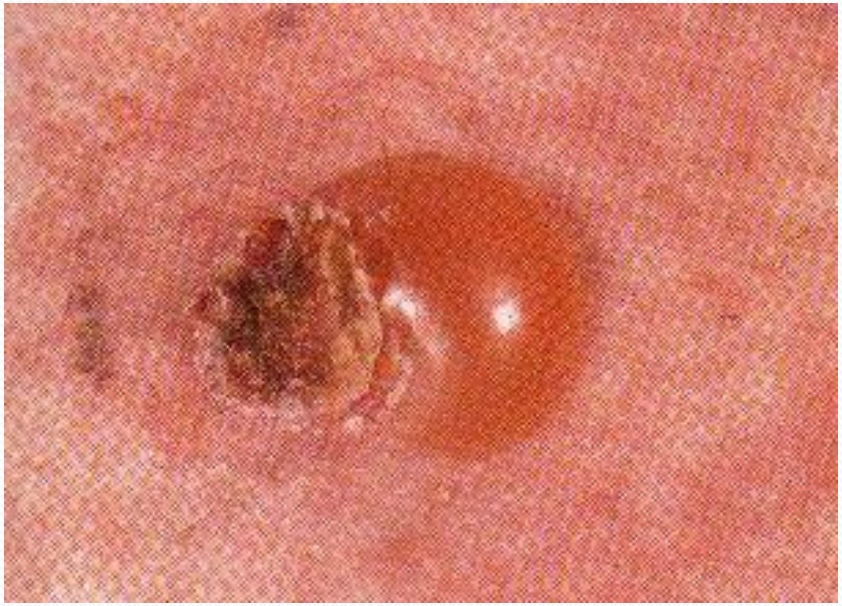

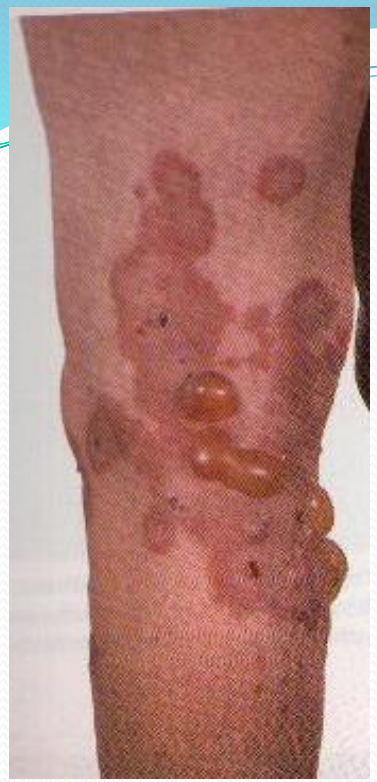

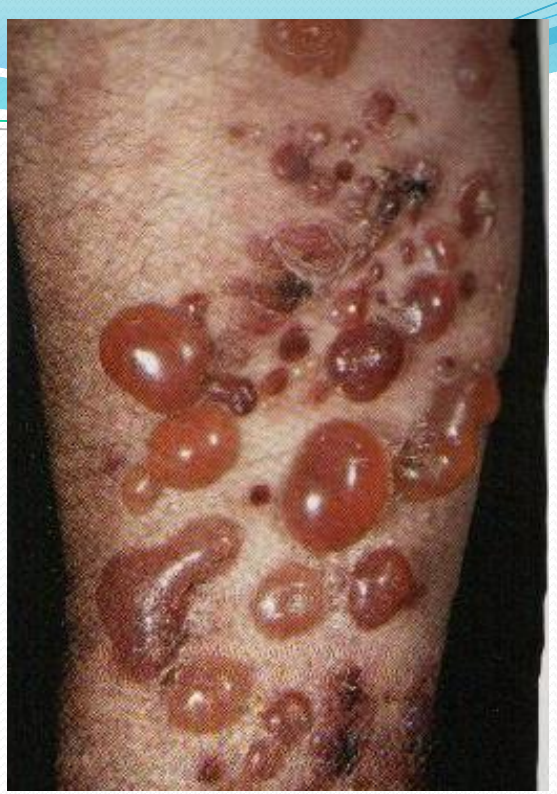

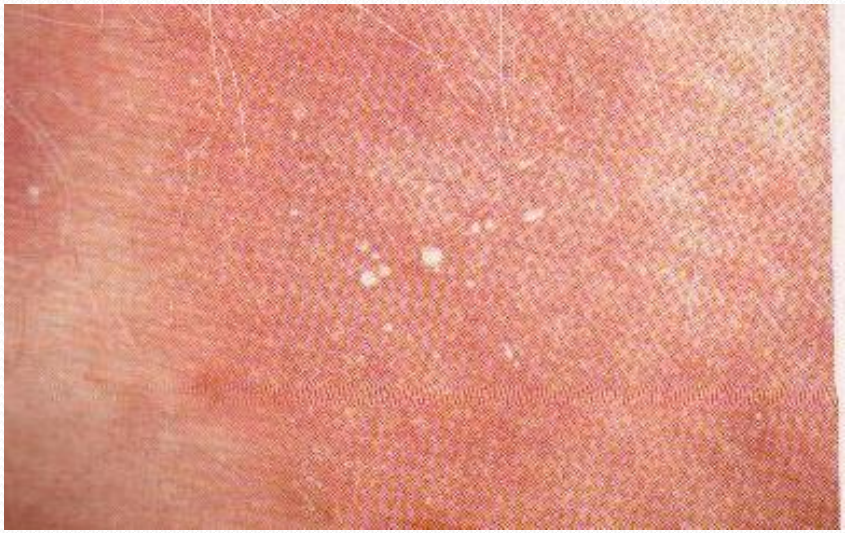

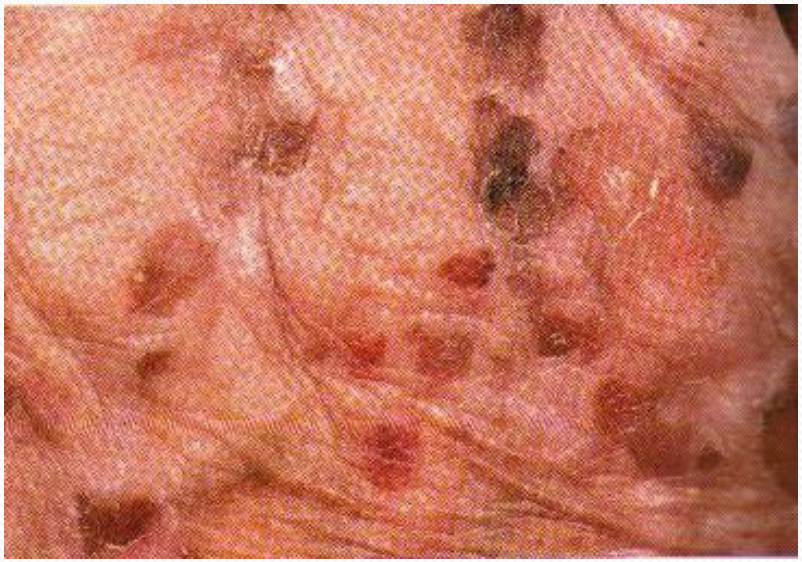

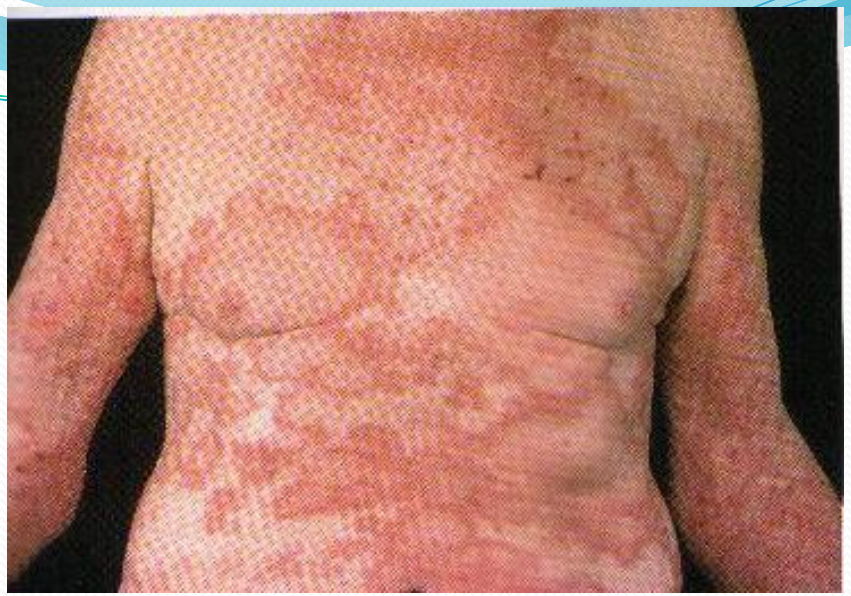

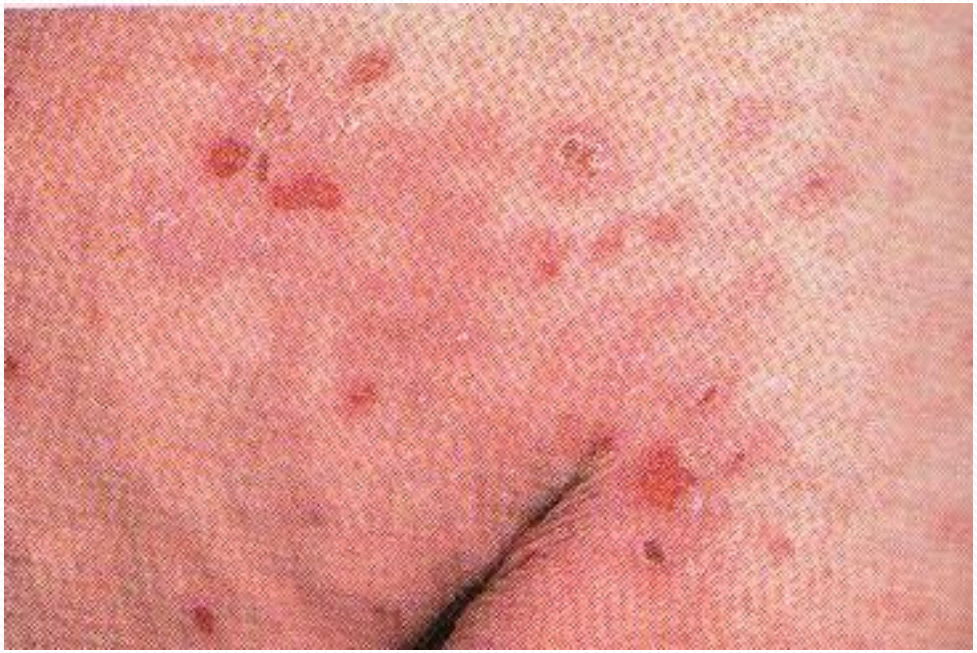

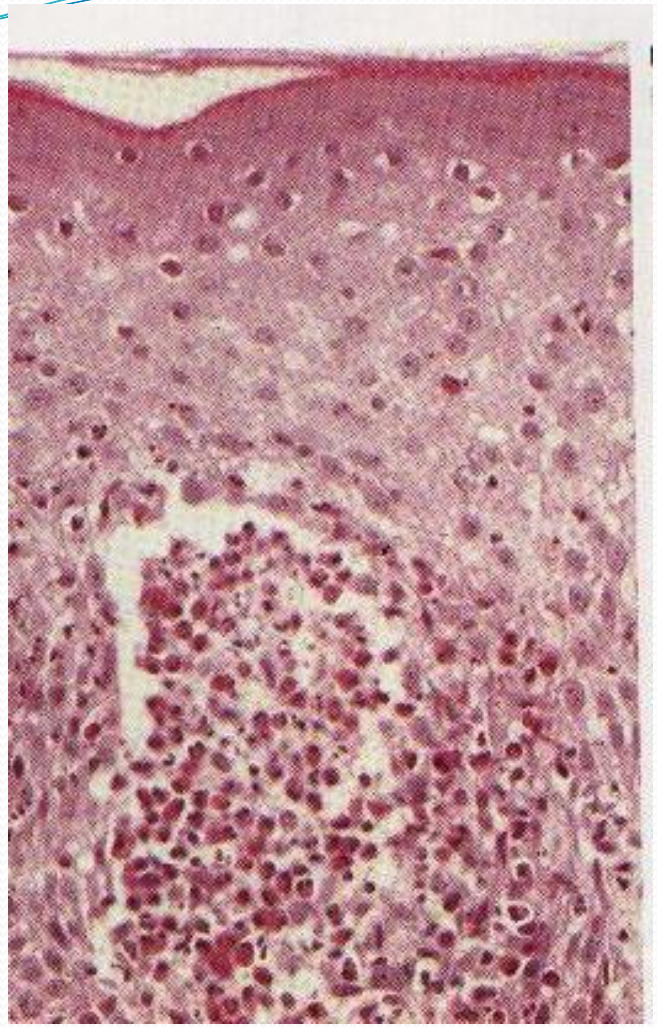

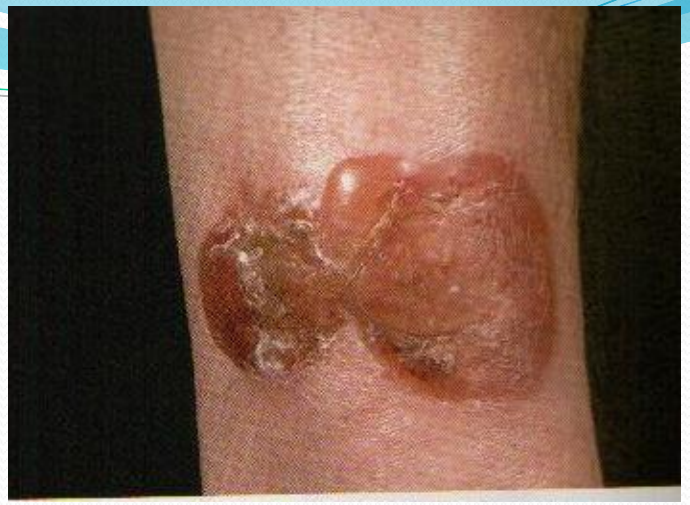

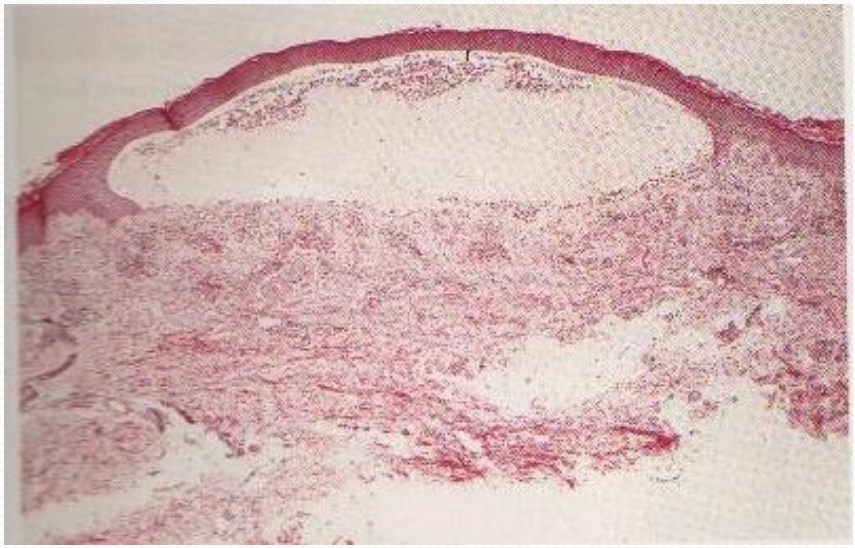

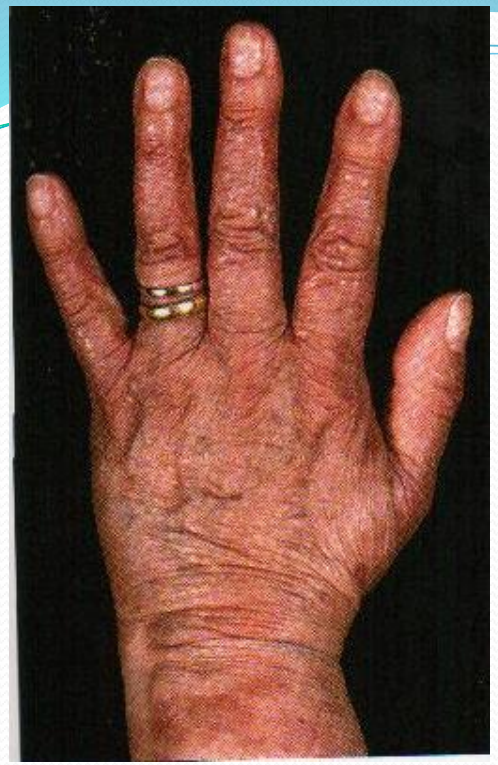

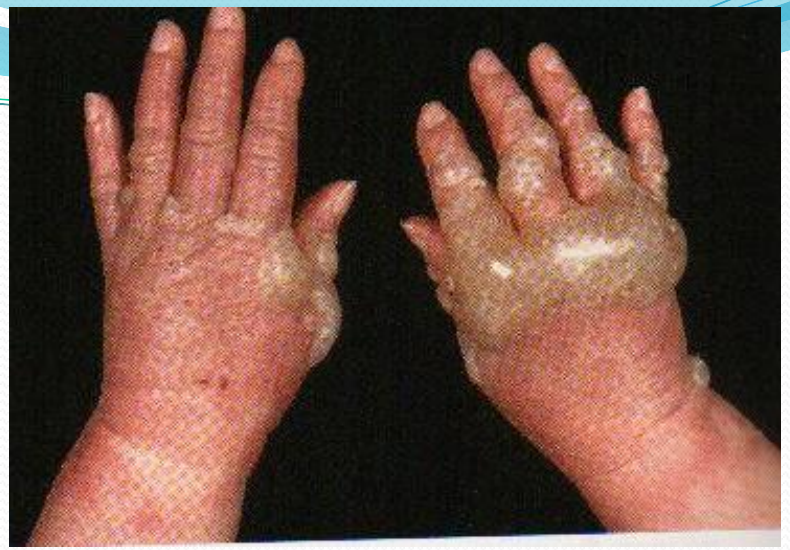

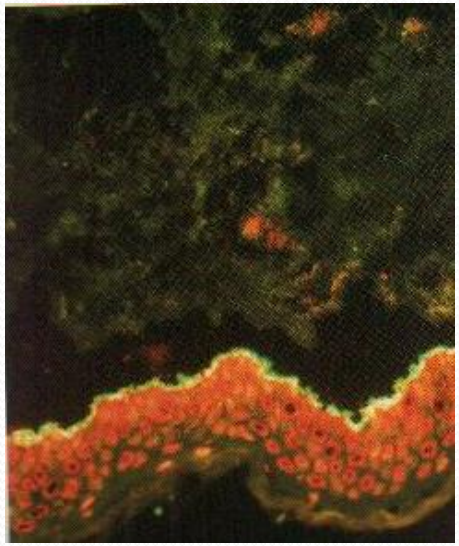

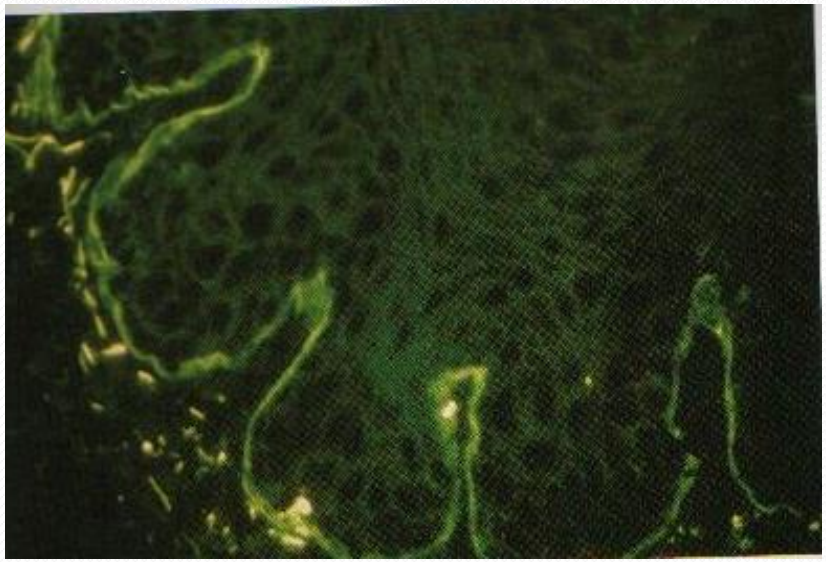

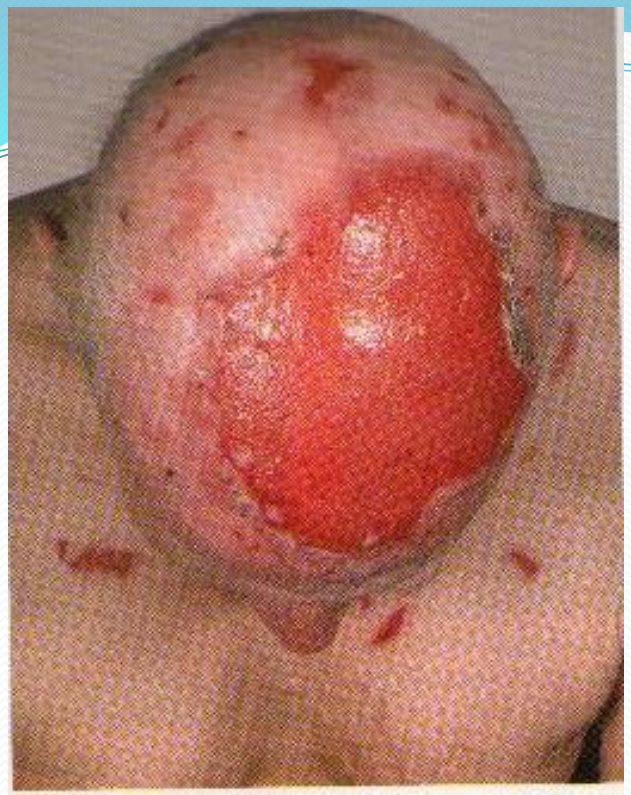

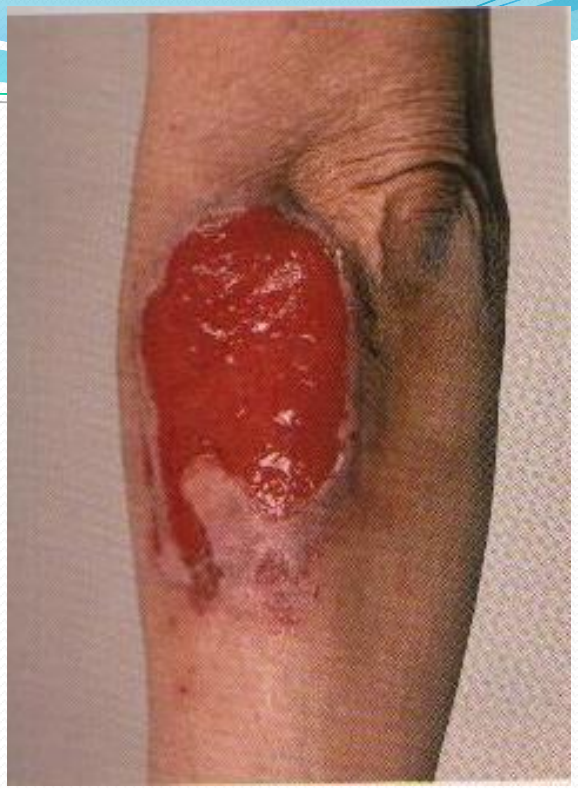

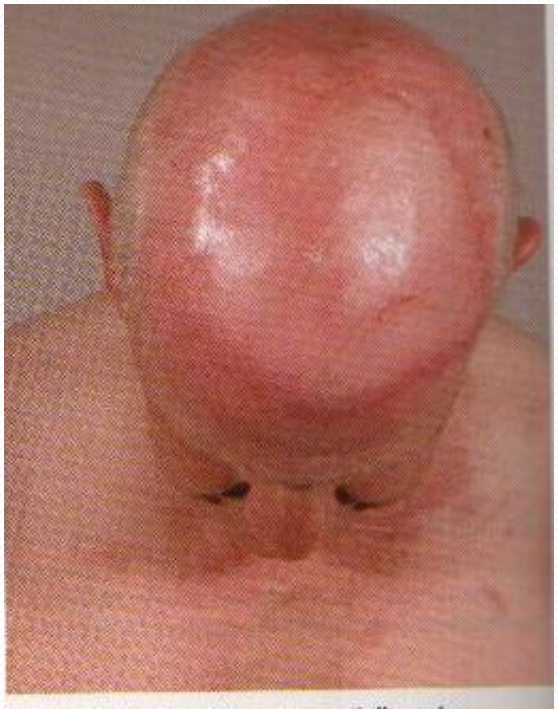

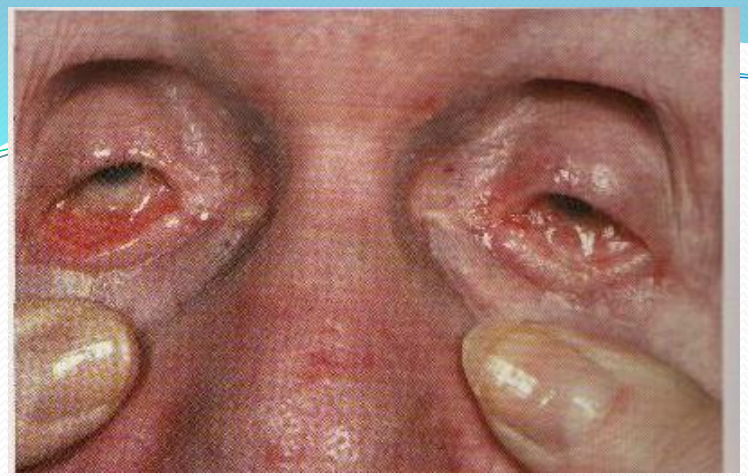

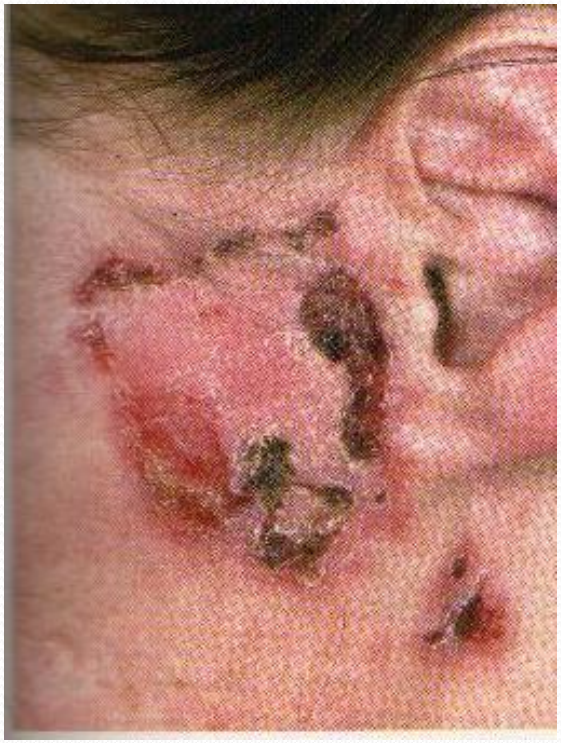

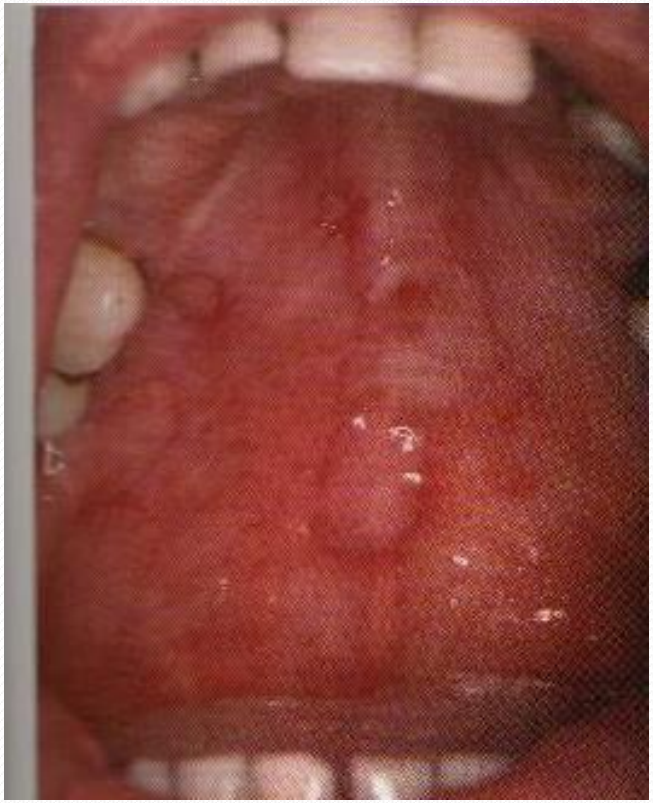

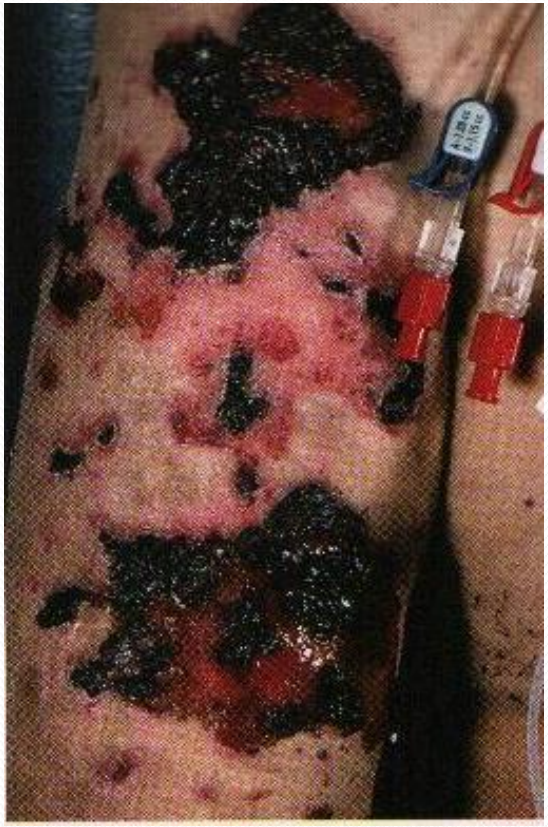

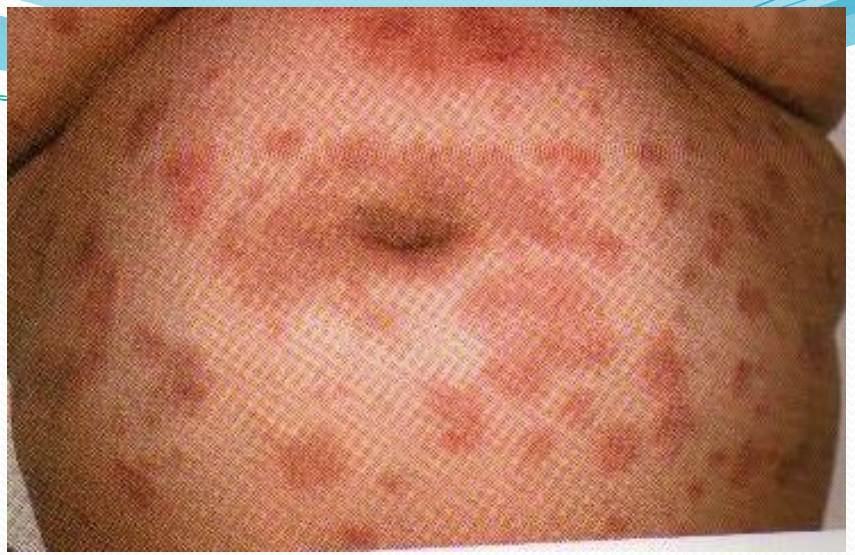

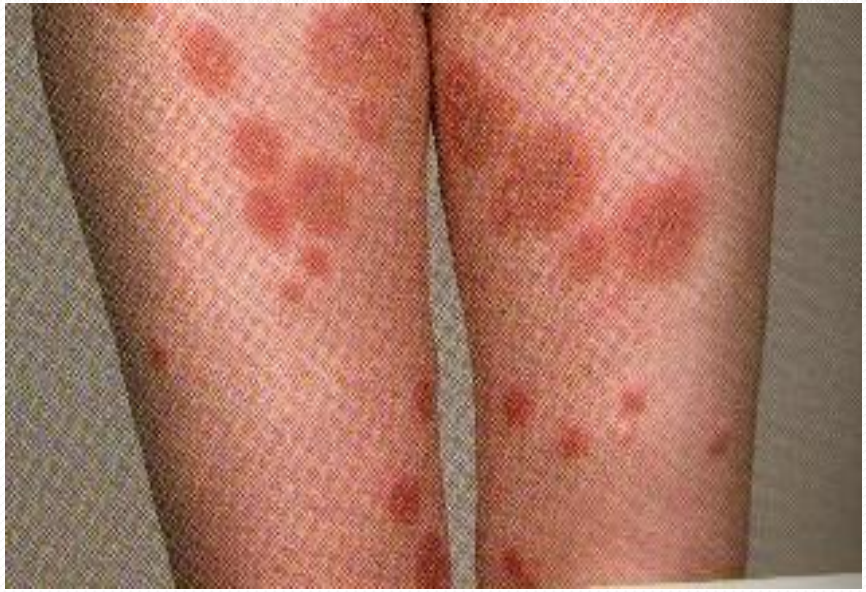

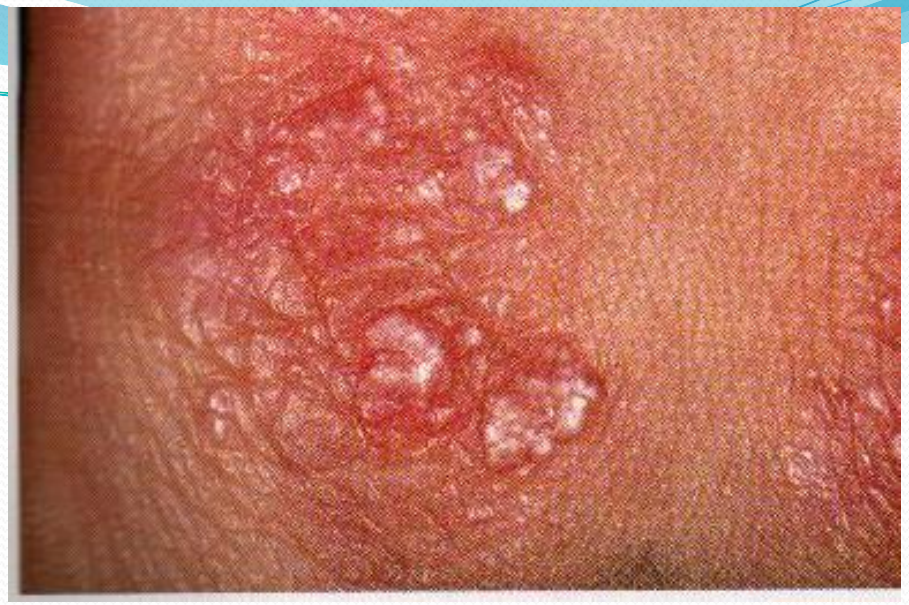

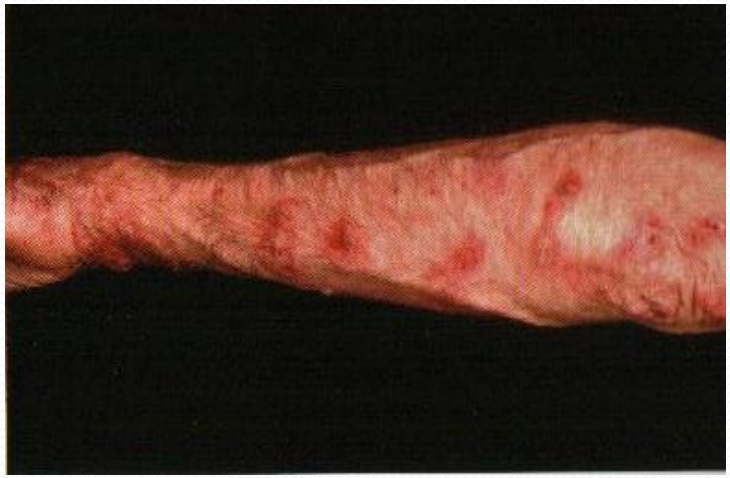

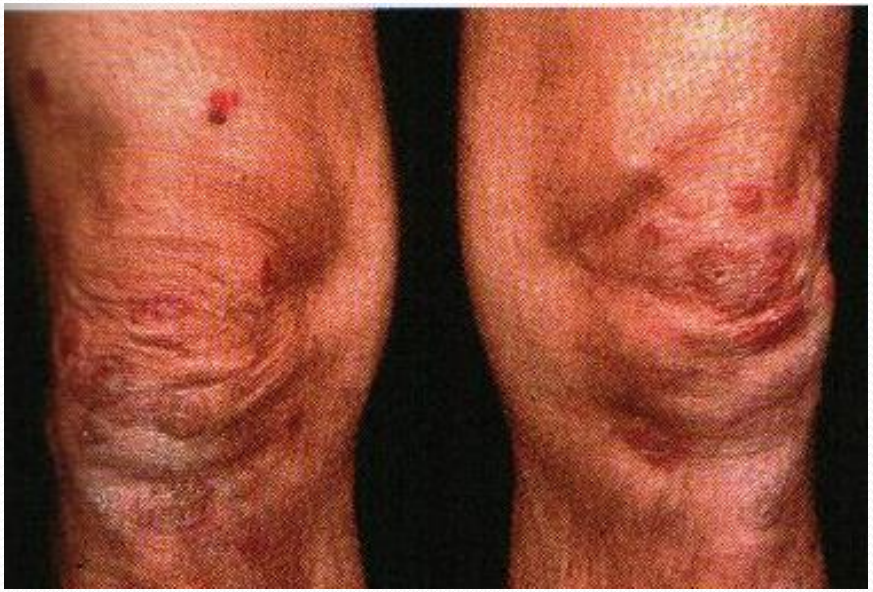

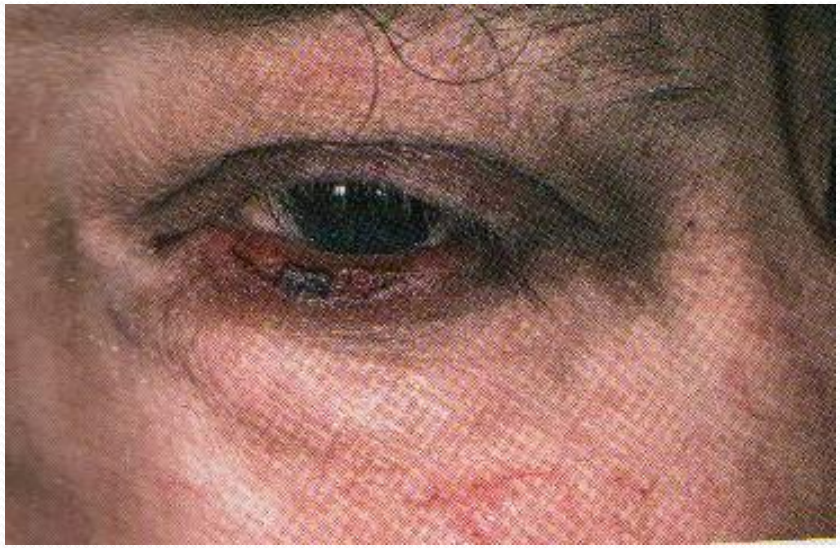

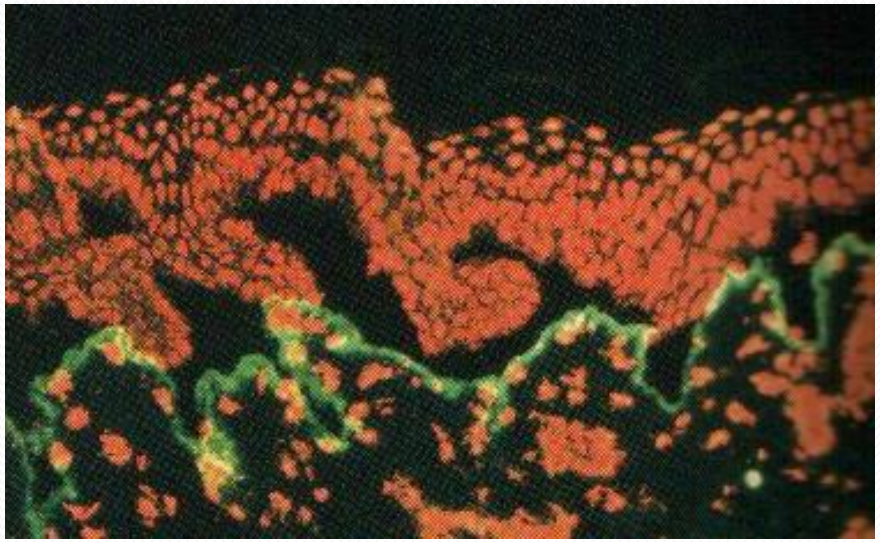

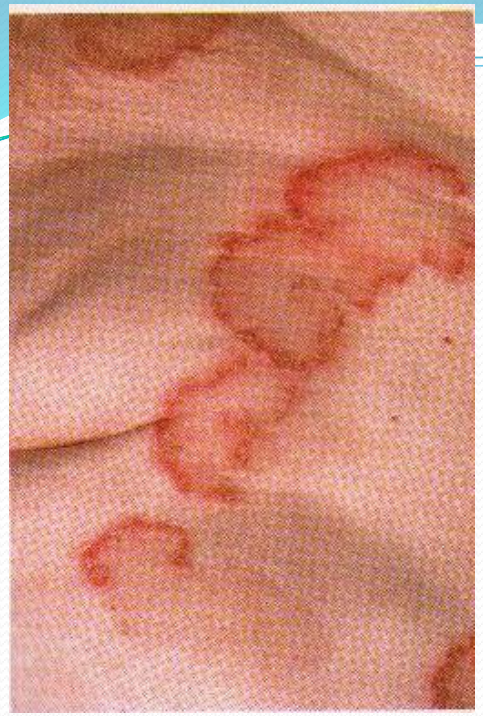

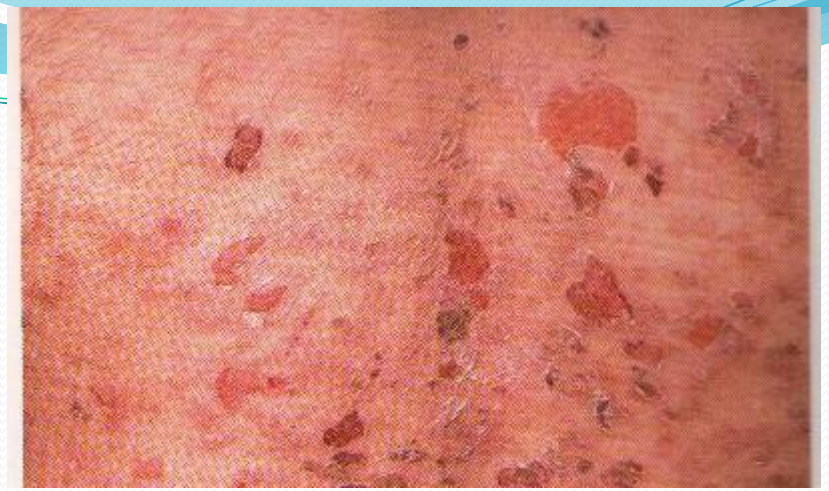

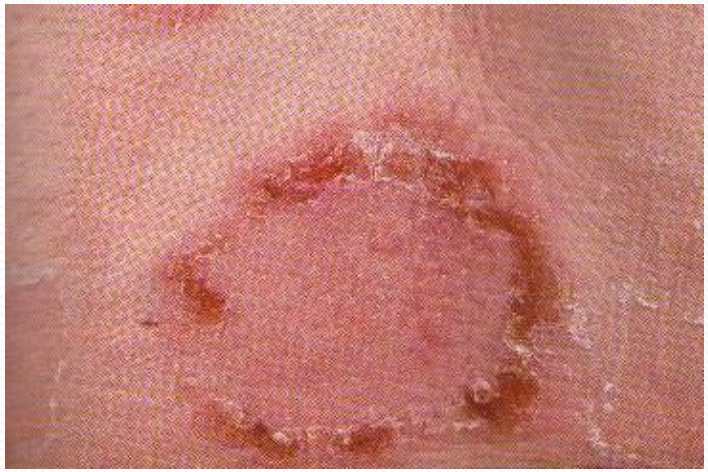

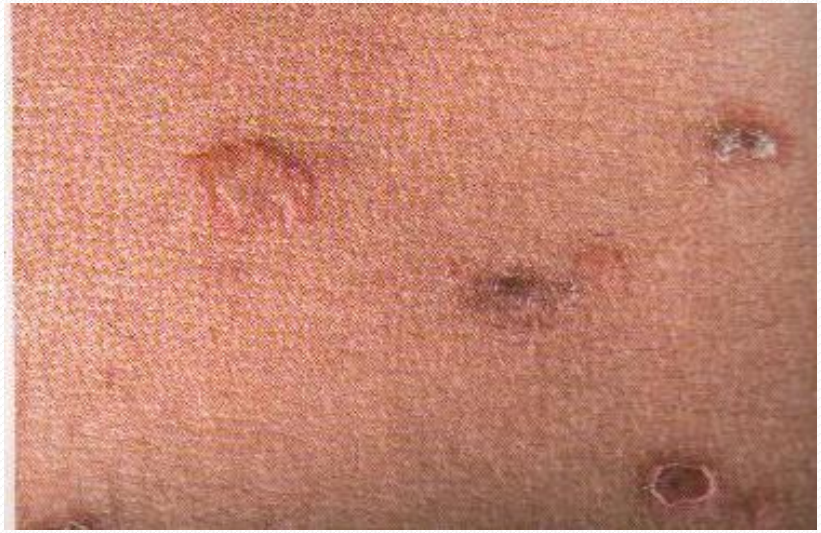

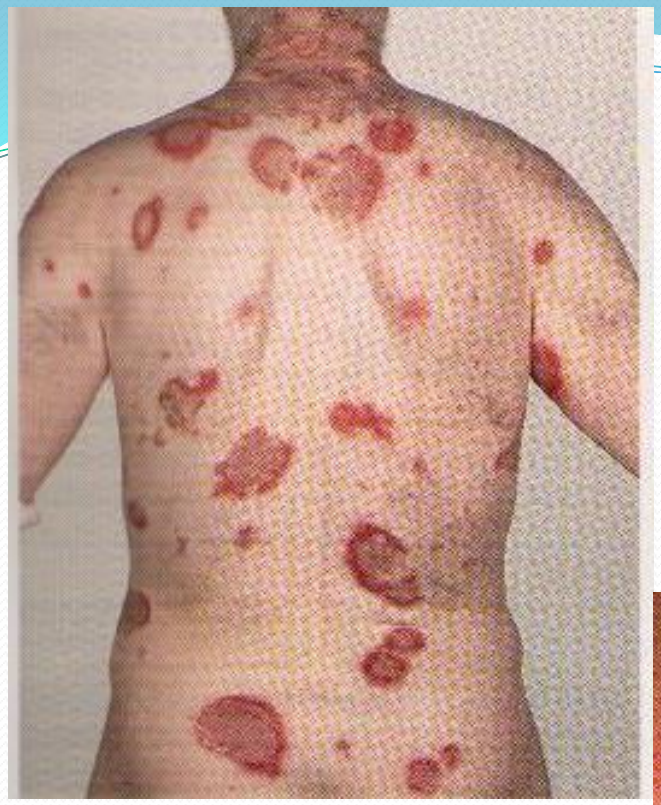

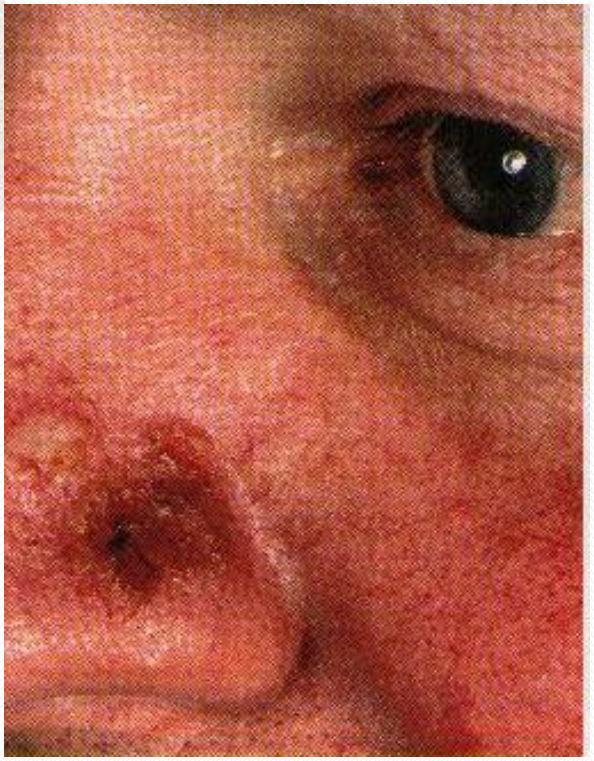

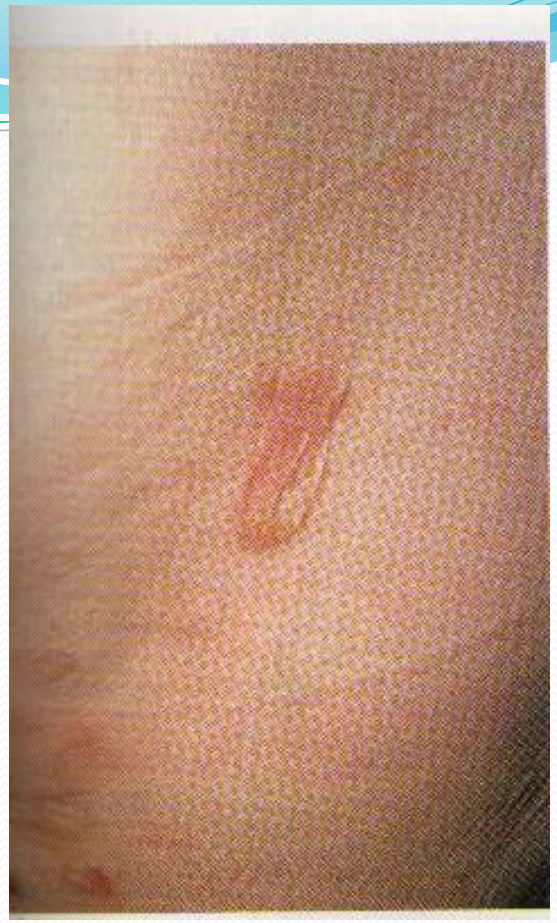

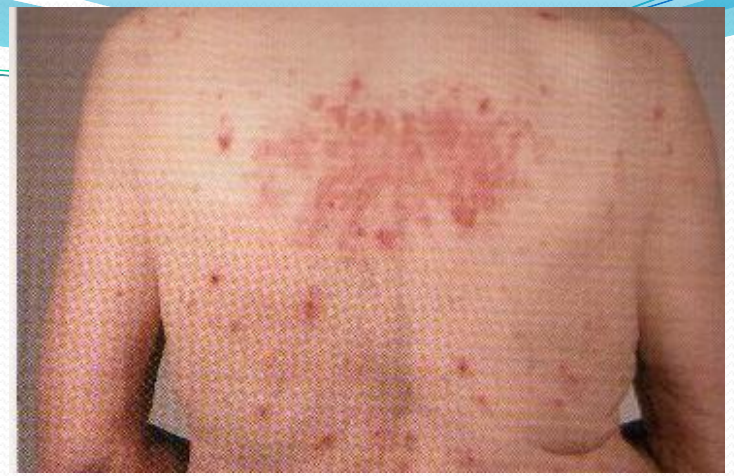

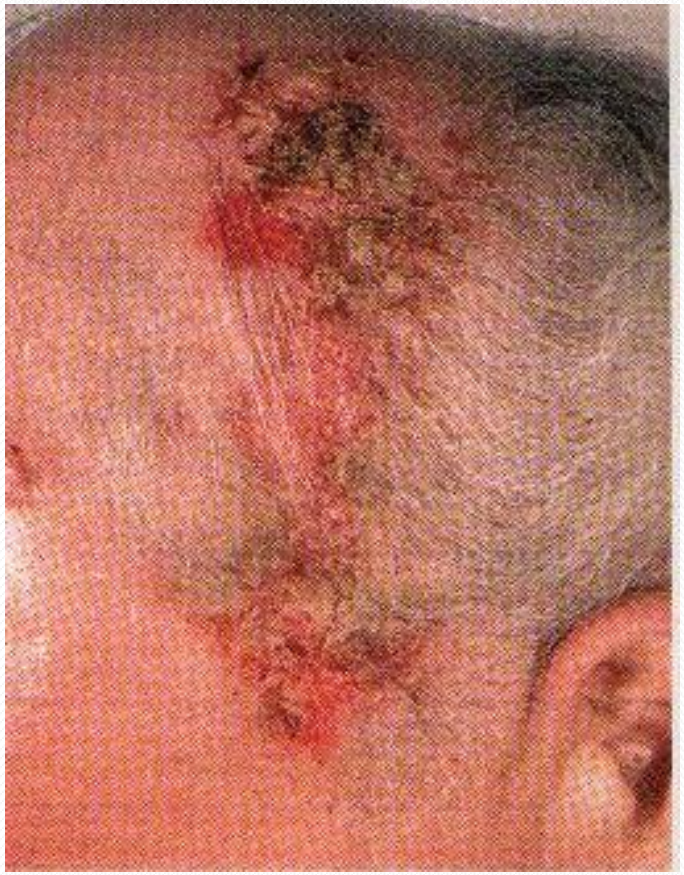

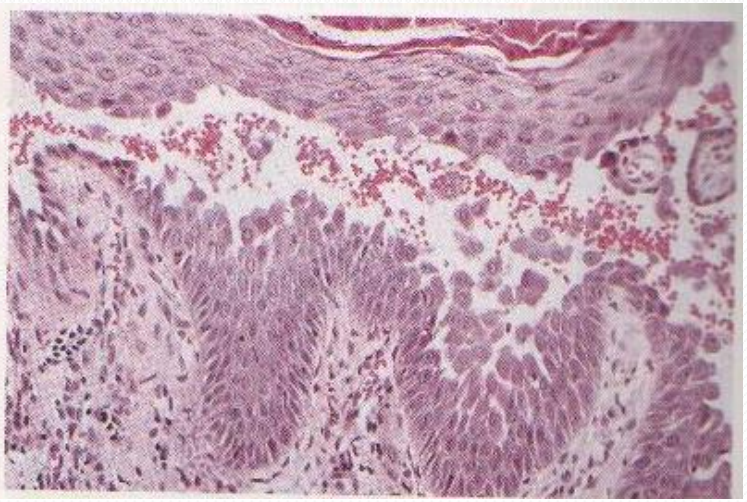

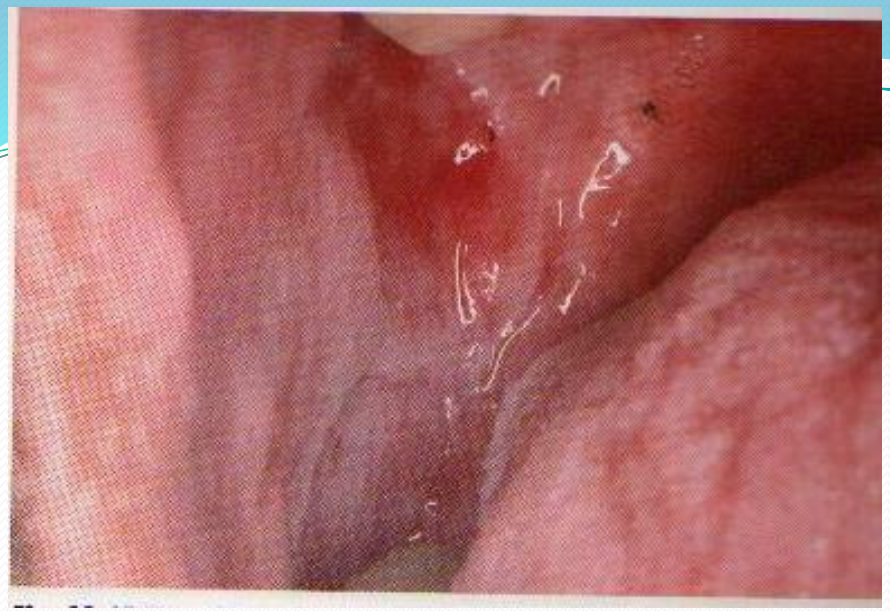

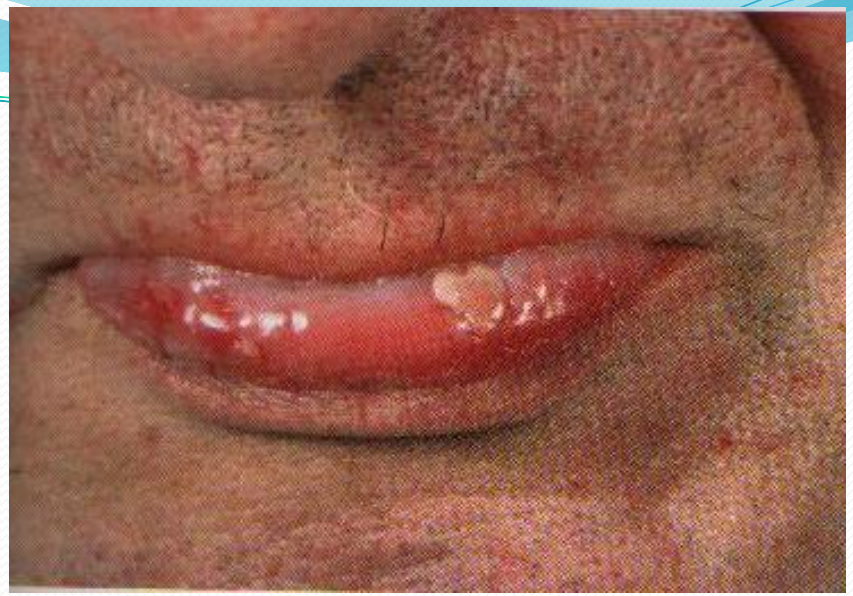

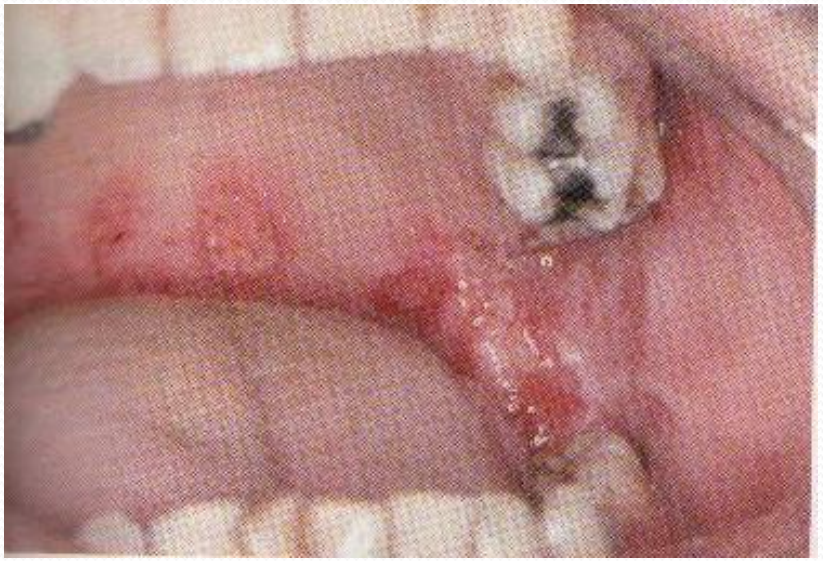

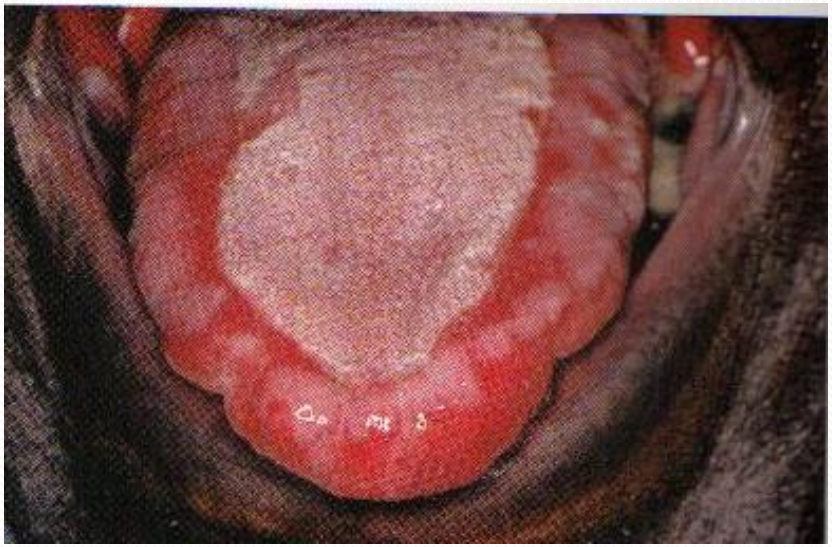

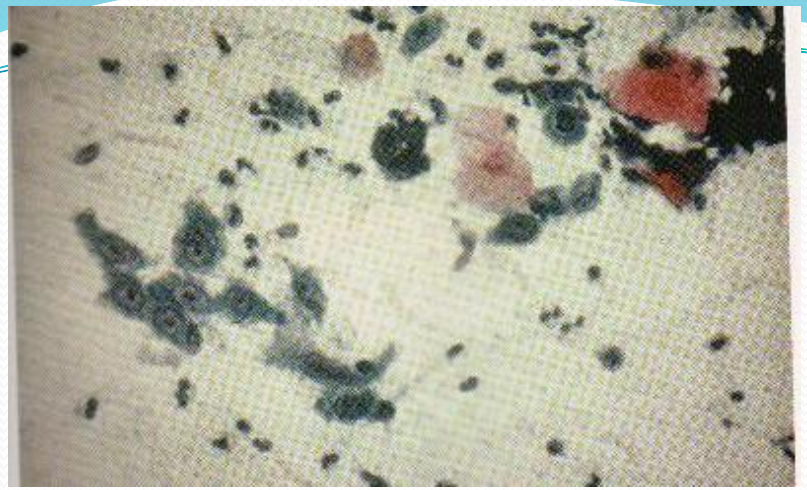

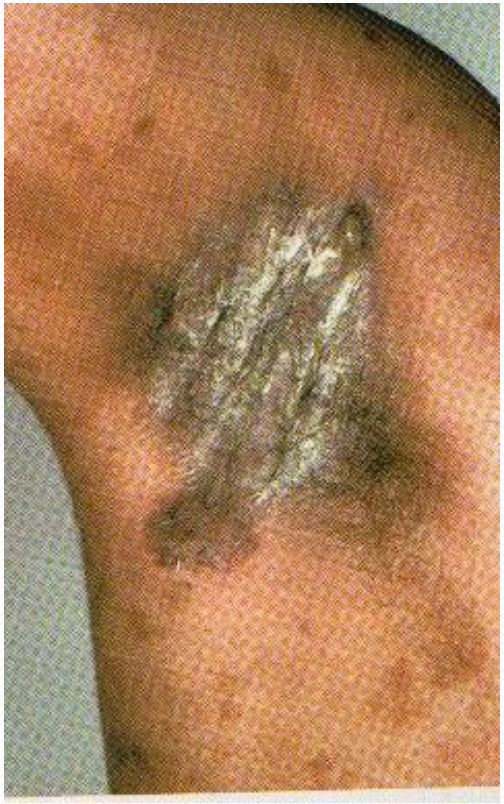

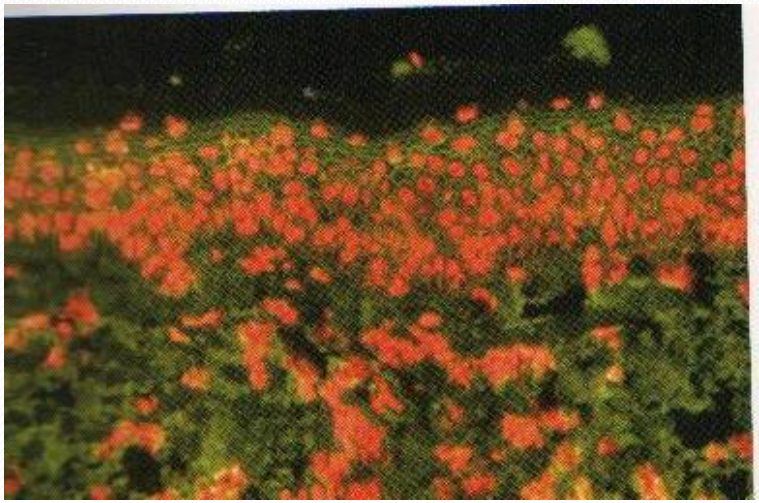

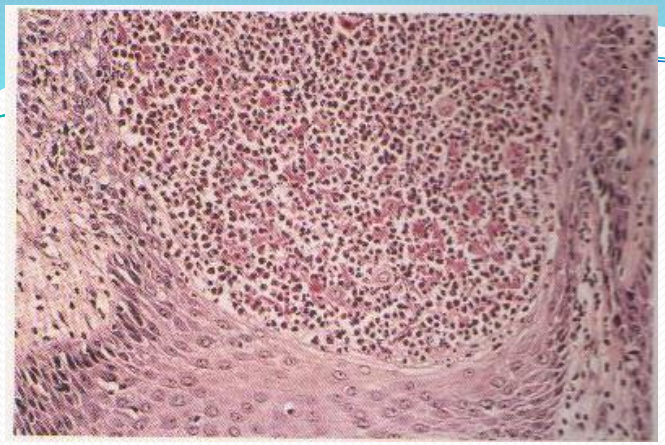

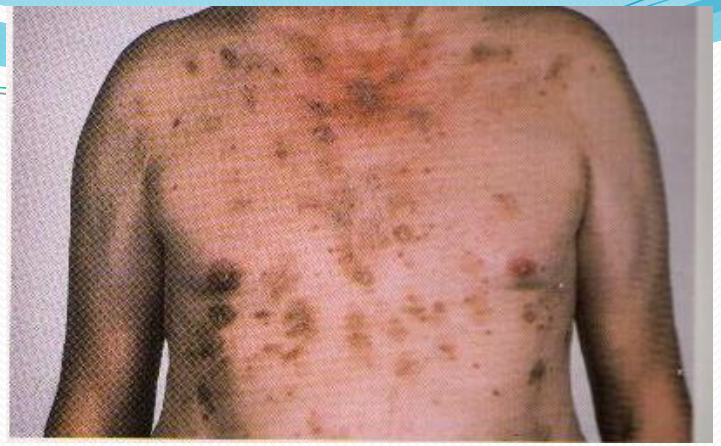

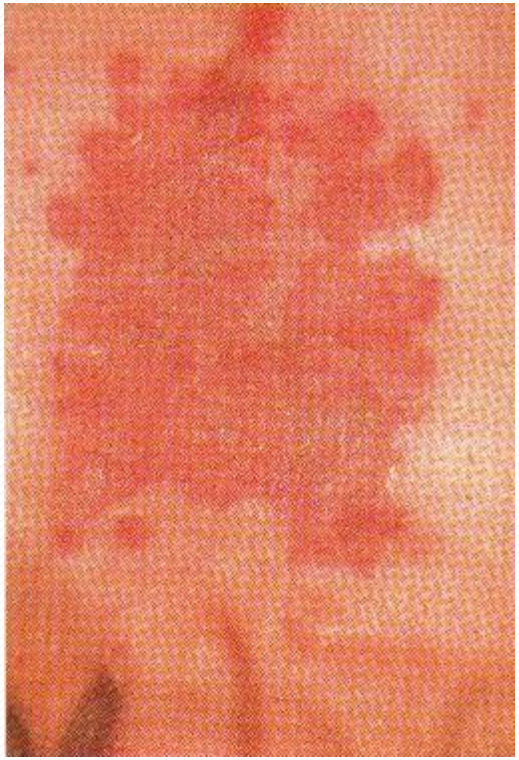

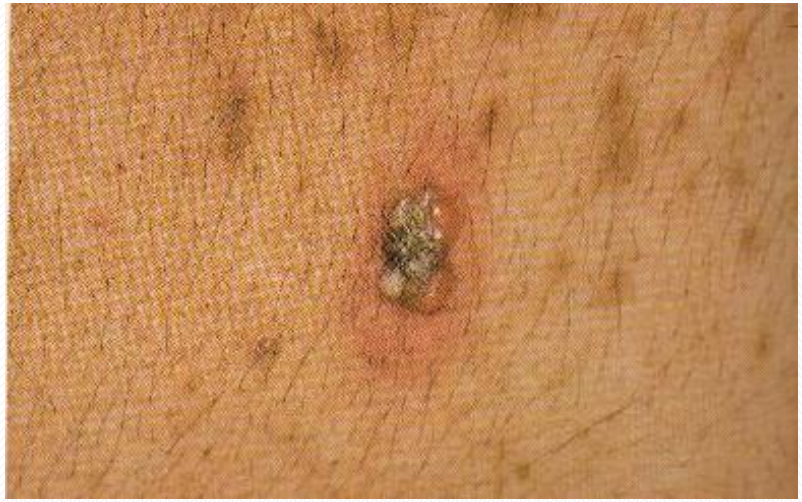

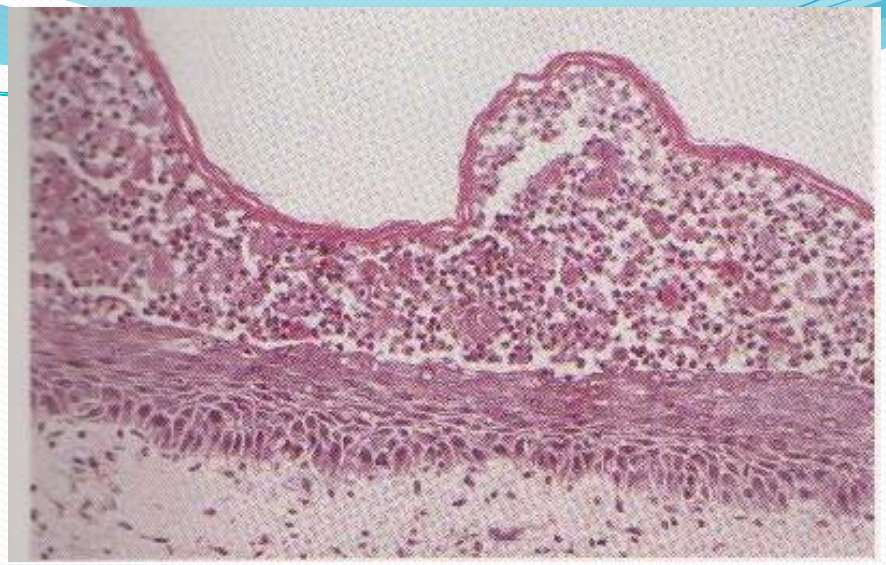

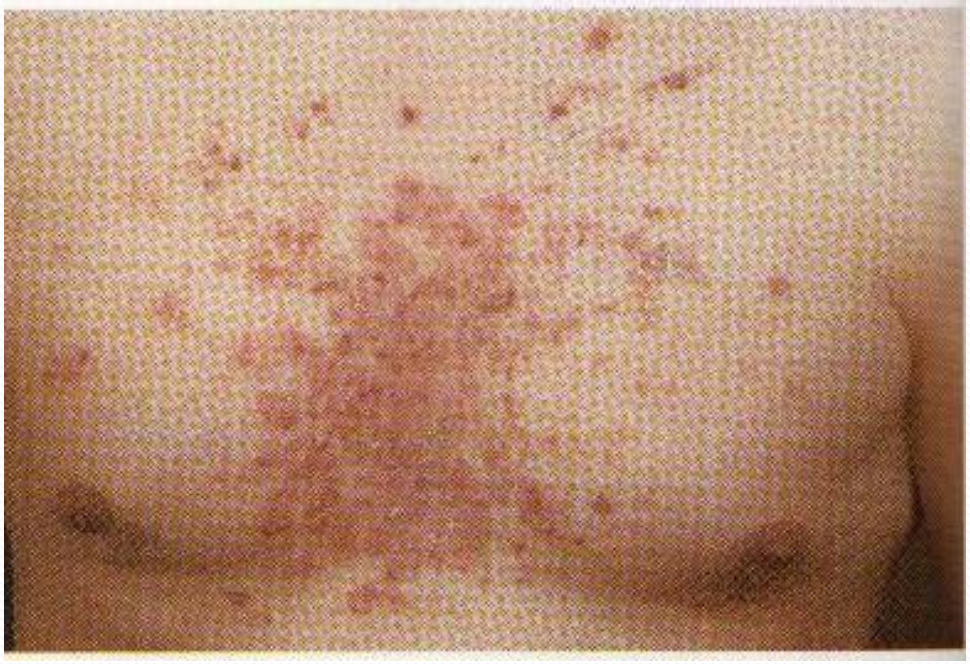

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