



Associated conditions

Dermatitis herpetiformis

What is it?

Dermatitis herpetiformis (DH) is the skin manifestation of coeliac disease and it affects around 1 in 3,300 people. It can appear at any age, but is most commonly diagnosed in people aged 50-69 years.

How is it diagnosed?

Diagnosis is confirmed by a simple skin test called a skin biopsy. A dermatologist (skin specialist) takes a small sample of skin from an area not affected by symptoms. This is then checked to see if you have an antibody called Immunoglobulin A (IgA).

If the antibody is found, the skin biopsy is positive and you should be referred to a gastroenterologist (gut specialist) who will test you for coeliac disease using antibody blood tests and a gut biopsy. This simple procedure looks for gut damage. A thin tube is passed through the mouth, down to the upper part of the small intestine and a tiny sample of gut lining is collected. This

can be done using a local anaesthetic or sedation. For some children, a biopsy may not be necessary. See www.coeliac.org.uk/coeliacdiseaseinchildren for more information.

Even though you may not have any gut symptoms, you may have the gut damage which is associated with coeliac disease.

Symptoms

- A rash that most commonly occurs on the elbows, knees, shoulders, buttocks and face but it can affect any area of the body.
- The rash usually occurs symmetrically on the body, for example on both elbows.
- Red, raised patches, often with blisters that burst with scratching.
- Severe itching, burning and often stinging.

To make sure you get an accurate test result, it is important to keep eating gluten until you have the antibody blood tests and biopsy. If you have already taken gluten out of your diet, you must reintroduce gluten in more than one meal every day for at least six weeks before the tests.





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How is it treated?

The treatment for DH is a lifelong gluten-free diet. This means you will have to remove all sources of gluten, found in wheat, rye and barley, from your diet. Some people may also be sensitive to oats.

Although a gluten-free diet is the most effective treatment in the long term, it can take an average of two years for it to take full effect, and so you may also need drug treatment to begin with.

The most commonly prescribed drug for DH is Dapsone. This is a tablet medication that needs to be swallowed, rather than a cream. This will help control the itching and development of blisters, although the rash will come back if you stop taking it before the gluten-free diet has taken effect.

Side effects are common so it is important to find the lowest effective dose of Dapsone; your GP will help with this. Common side effects can include anaemia, headaches, depression and, in rare cases, nerve damage.

Dapsone will only help control the skin itching and blisters. It will not treat any other areas, so a gluten-free diet is an essential part of treatment for DH.

Does this condition increase the risk of other diseases?

There is an increased risk of other autoimmune diseases such as thyroid disease or Type 1 diabetes. The same complications can occur in DH as in coeliac disease, including osteoporosis and in rare cases certain types of lymphoma or small bowel cancer. Once you have been following the gluten-free diet for some time, the risk of osteoporosis is reduced and the risk of small bowel cancer becomes the same as someone who doesn't have coeliac disease or DH.

Examples of DH symptoms



This information is for guidance only and should not replace advice given by your healthcare professional.

www.coeliac.org.uk



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