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# DERMATITIS HERPETIFORMIS,

ILLUSTRATING IN PARTICULAR THE PUSTULAR VARIETY  
(IMPETIGO HERPETIFORMIS OF HEBRA).

BY

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THE following case of this rare disease was brought to my notice by Dr. J. H. Stubbs, of London Grove, Pa., September 28th, 1878. The patient was suffering grievously and was admitted to the hospital of the University of Pennsylvania. The notes were taken at the date of her admission.

Annie McC., American by birth, a brunette, aged twenty-seven, single; a domestic, living in London Grove, Chester Co., Pa. There is no family history bearing on the case. She is strong and robust and has always enjoyed good general health. The disease of the skin from which she is now suffering first made its appearance two years ago, previous to which time she had never experienced any cutaneous disease. It began suddenly, on the flexor surfaces of the forearms, in the form of a violent attack of itching unaccompanied by eruption. The following day "small water blisters," the size of pin-heads, appeared in clusters on either elbow. They were very itchy and were soon ruptured by scratching. In the course of a few days they made their appearance upon the hips, thighs, and knees, while new ones continued to appear about the elbows. Within three or four weeks the other regions of the body, especially the neck, shoulders, back, and buttocks, were invaded. The

scalp, ears, chest, mammæ, hands and feet remained free. The lesions she describes as having been small, variously sized *vesicles*, or "small water blisters, containing a clear, watery fluid." They varied in size from a pin-head to a split pea, the majority being the size of pin-heads. They were irregular in outline, some being rounded, others quite angular, and were considerably raised above the level of the surrounding skin. They manifested no disposition to rupture spontaneously, but were in every instance scratched open, for they itched intensely. As stated, they were in clusters or groups, from three or four to a dozen or more lesions occurring together upon an area the size of a silver dollar. The grouping was irregular, the lesions showing no disposition to form into circles or other peculiar configuration; four or five would frequently be found clustered together.

The eruption continued in this form for a year, manifesting itself from time to time in distinct outbreaks, or crops of lesions, which would appear gradually or suddenly at variable intervals. At times the disease would disappear, when in the course of a week or two a new outbreak would occur, lasting days or weeks, to be again followed by another slight or severe attack, and thus the skin remained in an almost constant state of eruption. At no time was it entirely free of disease for longer than a fortnight.

About a year ago an outbreak manifested itself in which the lesions assumed a distinctly *pustular* character; the attack was of short duration, lasting only a week or ten days, and the next outbreak was *vesicular and bullous*. Within the past year the lesions have not been so numerous, but they have been larger, and the distress accompanying them greater. Not until within the present month has the disease again assumed the *pustular* phase. In place of the *vesicular and bullous* lesions which have existed almost constantly for nearly two years, distinct *pustules* have appeared, which will be presently considered.

The seasons have in no way influenced the disease, the eruption being quite as annoying in summer as in winter. The itching has been constant and very distressing, and at times has been almost unbearable. She states that it is impossible to describe the intensity and violence of this symptom; that were she debarred from scratching it would be altogether unendurable, for until the *vesicular and bullous* lesions are ruptured she cannot refrain from scratching; after they are broken down, a certain amount of relief is experienced which lasts until a fresh outbreak threatens. The recent *pustules* she states are much less itchy than the usual *vesicular* form of eruption.

*Present condition.* The patient is suffering with a general copious eruption, occupying the greater portion of the trunk and extremities. It manifested itself, it will be remembered, about three weeks ago, and was

at its height four or five days since. It consists of numerous, variously sized, rounded or irregularly shaped pustules in all stages of evolution. They are typical pustules, the smallest of them exhibiting a distinctly pustular state. They vary in size from a pin-head to a large pea, the greater number being of the size of small peas; when two or more have coalesced, however, a small or large finger-nail-sized lesion exists. In shape, when small, they incline to be acuminate, but as they increase in size they become decidedly flat, with an irregularly rounded or angular outline. They incline to crust in the centre and to spread in a creeping manner on the periphery, a ring of small, flat pustules, isolated or confluent, being frequently present; and where two or more are in close proximity thus almost invariably run together, forming flat, broad lesions as large as a quarter dollar and sometimes even larger, the crusting being more or less complete. A bright or deep red areola of considerable size surrounds all of the lesions. In color, the pustules are whitish and opaque, and contain a thin puriform pale-yellowish or whitish fluid. The walls of the young lesions are distended, but those of the older ones are more or less flaccid, and in many instances are ruptured, the fluid oozing forth and drying into flat, uneven crusts of a greenish or brownish color. Here and there are patches of disease, made up not only of confluent lesions but of two or more distinct groups of lesions. These areas of disease, several inches in diameter, are striking upon the arms and upon the thighs.

The distribution of the lesions is for the most part in the form of more or less distinct groups, but there are also disseminated lesions. The groups are irregularly formed, and are as a rule composed of from two to four pustules. Clusters of two and three lesions situated in close proximity, within an area of an inch in diameter, are not uncommon, while in some places as many as a half-dozen or more of various sizes may be found. On the anterior aspect of the middle of the thigh is a conspicuous group, composed of a central, unbroken, tensely distended, somewhat acuminate, pea-sized, irregularly-shaped pustule, with a vivid, deep-red, "puckered" areola, around which are three similar but smaller lesions, the whole occupying an area the size of a quarter-dollar. The grouping, however, viewing it as a feature of the disease, is much less marked than in herpes zoster. In addition to the pustules, there are numerous excoriations, blood-crusts, scratch-marks, deeply-stained spots, with or without old crusts, and general pigmentation of a dirty-yellowish, brownish hue. The disease is the impetigo herpetiformis of Hebra.

*October 12.* The patient stated, upon her admission to the Hospital, that the disease had, she thought, passed the height of the attack, and would soon begin to subside; and so the events have proved, but there have been, notwithstanding, sufficient typical new lesions for purposes of study.

They have appeared as distinct pustules, usually the size of pin-heads, preceded by and accompanied with violent itching. Their areolæ at first are insignificant, but in the course of from twelve to forty-eight hours both areolæ and pustules assume considerable size, the latter flattening out and crusting in the centre, with a somewhat depressed, greenish-yellow, uneven crust. As the crust grows, new, small, flat, frequently indistinctly defined, whitish pustules, pin-head in size, appear in the form of an irregular broken ring just beyond the line of the crust. In the case of large lesions this process is observed to repeat itself several times, or, indeed, until the pustule ceases growing. This concentric arrangement of the lesions, while not conspicuous, not as much so, for example, as in herpes iris, is readily noticeable, and is more marked in some lesions than in others.

The itching has been exceedingly violent, and has been only partially controlled by anti-pruritic lotions. The patient has scratched incessantly by day and night, without which, she adds, the disease could not be tolerated.

*November 1.* At the present date the attack has almost subsided, and the patient feels that in all probability she will be comparatively well in for a brief period, until the next outbreak, which she confidently looks for, and which, according to her experience, may announce itself within a week, or perhaps not for a month.

The treatment has been directed with the view of bettering her general condition, although, as has been stated, no marked impairment of general health seems to exist. Saline laxatives, bromide of potassium, and chloral were ordered; locally, lotions of carbolic acid and tar in various combinations were relied upon. While a certain amount of relief was obtained from the lotions, the itching still persisted, and recurred from time to time with all its former violence. No benefit worthy of mention was obtained from the internal remedies.

*January 22, 1879.* The patient left the hospital shortly after the last note, and for the past three months has been taking a course of arsenic. Dr. Stubbs writes that the character of the eruption has changed since I last saw her, having been lately *papular* and *vesico-papular*, with violent itching. A fortnight ago, while undressing one evening, she was seized with severe itching, and in the course of a half-hour was well covered with an eruption similar to that which she now shows. It occupies the entire general surface, and consists of flat, irregularly shaped and sized, indistinctly defined herpetic *papules* and *papulo-vesicles* seated upon considerably infiltrated reddened skin, which is everywhere so excoriated that it is difficult to find lesions that have not been scratched. Excoriations and blood-crusts are conspicuous. Here and there upon the trunk and extremities, especially upon the back, arms, buttocks,

and thighs, there are distinct patches of pin-head-sized, mostly flat *vesicles*. They are small and are ill-defined, so much so that at a distance they would scarcely be detected. Some of the patches contain as many as a dozen or more, other groups not more than three or four. Smaller and disseminated lesions of the same kind exist on the forehead and neck. There are no pustules; none have formed since last October. She states that the eruption comes out and disappears every few days, the itching being most severe in the interim. She is kept awake the greater part of the night, and is exhausted from the long-continued itching.

May 16. She recovered from the attack in January in February, and remained comparatively well about ten days, when a new outbreak was announced, which appeared very gradually in the same form as before, namely, as small, flat, grouped, abortive *papules* and *vesico-papules*. She has suffered two like attacks since, from the last of which she is just recovering.

Under date of August 18, 1879, Dr. Stubbs writes that the patient is again suffering greatly from an outbreak, and that no relief is afforded by any of the remedies used. He further adds, "I do not know what to call the disease; sometimes it is pustular, at other times it is vesicular or papular, while sometimes wheals and boil-like lesions form. It is now vesicular." Two months later (October 16, 1879) the doctor writes, "Her condition now is the same as when I first sent her to you one year ago; the lesions are *pustular*. We have not had this condition from that time until now. On the fifth of this month three pustules came on her knees, others rapidly followed on other parts. She can get scarcely any sleep. She has had no appetite for two or three weeks." I subsequently saw the patient again during an attack, her condition being about the same as the last note.

Early in 1883 (Jan. 17) I received a communication from Dr. Stubbs, stating that the patient was still afflicted, although she now suffered less severely than formerly. "She has since been married, and has had one child. *During pregnancy the disease of the skin gave her no trouble, and most of that period she was quite clear.*<sup>1</sup> Last summer the mucous membrane of the mouth, throat, and eyes became inflamed, dry, and hot, and finally an eruption, which was the same as that on the skin, appeared. The labia and vagina have never been affected. She has not been under treatment of late for the cutaneous disease. The eruption, as before, is still confined chiefly to the back and flexor surfaces of the extremities."

I would add that no treatment used in this case seemed to exert any beneficial effect, the internal remedies prescribed including arsenic in

<sup>1</sup> The italics are mine.

small and large doses, quinia, iron, sulphur, saline laxatives, and alkalis. Externally, weak and strong ointments and lotions of carbolic acid, tar, and mercurials were all tried on different occasions, affording only temporary relief. The case illustrates several varieties of the disease, but more particularly the pustular (the "impetigo herpetiformis" of Hebra), which condition existed when she first came under my observation. For an account of dermatitis herpetiformis, I must refer to abstracts<sup>1</sup> of my communication recently presented to the American Medical Association.

<sup>1</sup> Phila. Med. Times, May 17, 1884, p. 603, and New York Med. Journ., May 17, 1884, p. 562.



