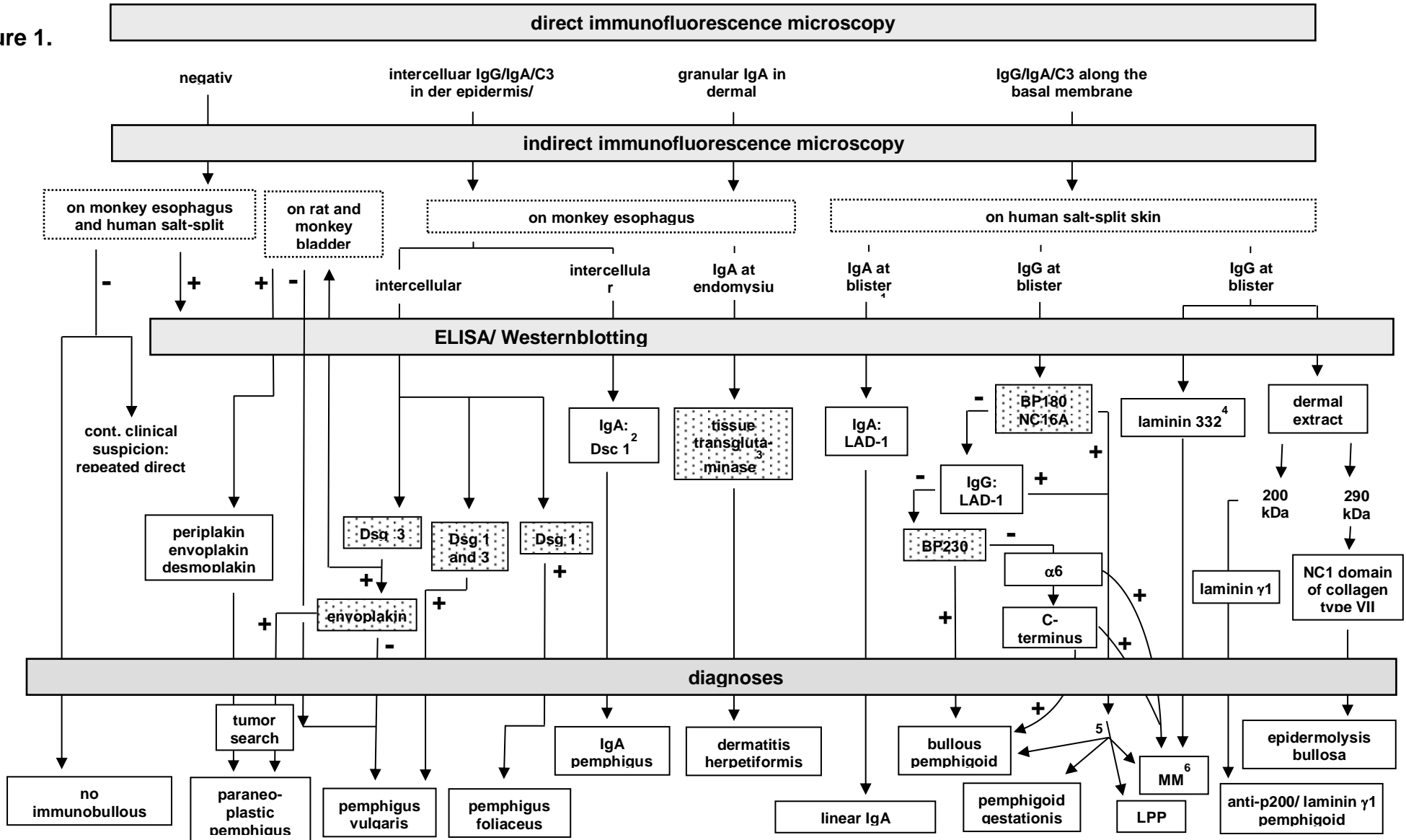


Figure 1.




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Figure 1.

Diagnostic pathway for immunobullous diseases as applied in the routine autoimmune laboratory of the Department of Dermatology, University of Lübeck.

Dsc, desmocollin; Dsg, desmoglein, LAD-1, linear IgA disease antigen-1 (soluble ectodomain of BP180); IF, immunofluorescence; LPP, lichen planus pemphigoides; MMP, mucous membrane pemphigoid.

Dashed boxes indicate commercial ELISA systems.

¹IgA deposits at the blister floor are rare and have been described in variants of anti-laminin 332 mucous membrane pemphigoid and epidermolysis bullosa acquisita.

² by indirect IF microscopy of Dsc-expressing COS cells.

³ typical for celiac disease and only in conjunction with positive direct IF diagnostic for dermatitis herpetiformis. In addition, ELISA systems with epidermal transglutaminase and deamidated gliadin analogous peptides are used.

⁴ in 25% of patients associated with malignancy; tumor search is strongly recommended.

⁵ IgG reactivity against BP180 NC16A is associated with various entities. For final diagnosis clinical information are required: pemphigoid gestationis, pregnancy or postpartum period; MMP, predominant mucous membrane involvement; LPP, lichen planus lesions.

⁶ predominance of mucosal lesions required.

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