Linear IgA bullous dermatosis (LABD) is an immunologically mediated subepidermal vesiculobullous disorder that occurs in adults and children. In adults the average age of onset is 60 years or older, whereas childhood disease usually erupts in preschoolers.1

LABD presents with widely distributed tense bullae on a noninflamed or urticarial base. Some lesions arise on expanding annular red plaques, and in children new lesions often develop at the periphery of healing bullae, resembling a “string of pearls.” Early lesions may predominate on the central trunk before disseminating. Histologic findings include a subepidermal bulla, and direct immunofluorescence shows a characteristic linear band of IgA along the basement membrane zone. In adult LABD the IgA antibody reacts with the 97kD secreted portion of bullous pemphigoid antigen 2.1

Multiple medications, particularly vancomycin, have been reported to trigger LABD.2,3 Other common culprits include penicillins, cephalosporins, and calcium channel blockers. Investigators have suggested that immunologic stimulation of an IgA class antibody in genetically predisposed individuals results in disease expression. Although the eruption may persist for months, drug-induced LABD typically remits within 2 to 6 weeks after discontinuing medication.

LABD may be clinically indistinguishable from bullous pemphigoid and dermatitis herpetiformis. In dermatitis herpetiformis the intensely pruritic vesicles tend to be small and clustered on the extensor surfaces of the arms and legs, hips, and back of the neck. Direct immunofluorescence demonstrates diagnostic granular (interrupted, not linear) deposits of IgA along the basement zone. A gluten-sensitive enteropathy is associated with skin disease in 90% of patients. Bullous pemphigoid is a chronic subepidermal vesiculobullous disorder that occurs primarily in older patients. Direct immunofluorescence demonstrates characteristic linear deposition of IgG and C3 along the basement membrane zone.

Two weeks after discontinuation of vancomycin in this patient, most of the vesicles and bullae were healing, and no new lesions were present (Figure).

References