

Preface

Autoimmune Diseases of the Skin



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Guest Editor

There have been very few textbooks devoted to autoimmune skin diseases. If considering the definition of an autoimmune skin disease caused by autoantibody deposition in the skin, then most of these diseases manifest as blistering diseases. Unlike a textbook, where the articles may be over a year or two out of date by the time the book is published, these articles have been written in the previous 6 to 12 months and by respected leaders in the particular aspects of autoimmune blistering skin diseases (AIBD).

Experts in other areas of autoimmune disease, in particular, immunologists, will benefit from finding up-to-date information on this advancing area within dermatology. In this special issue, pathogenesis and clinical features of bullous pemphigoid are covered by Hiroshi Shimizu and his laboratory in Japan and Luca Borradori and his team in Switzerland, respectively.

Clinical features of pemphigus vulgaris is covered by Supriya Venugopal and Dédée Murrell in Sydney; linear IgA disease is covered from clinical features, diagnosis, and pathogenesis by Vanessa Venning and the team at Oxford, which stemmed from Fenella Wojnarowska's work on the subject over many years. On dermatitis herpetiformis, expert Sarolta Kárpáti from Budapest wrote about the clinical features and Russell Hall from Duke wrote on the pathogenesis and management of dermatitis herpetiformis.

Some of the drugs that are commonly used to treat AIBD are discussed in detail first by dermatologists familiar in their use for AIBD, including John Frew and Dédée Murrell on corticosteroids, Stefan Beissert from Germany on azathioprine, Daniel Mimouni from Israel on mycophenolate mofetil, Vicky Werth from the University of Pennsylvania on dapsone, Shien-Ning Chee and Dédée Murrell on intravenous immunoglobulin, and Benjamin Daniel and Dédée Murrell with Pascal Joly from Rouen, France, on rituximab. This is important because the major morbidity and mortality that these patients have (apart from the risk of blindness in mucous membrane pemphigoid) stem from the treatments themselves. It is not merely a matter of writing a prescription for oral steroids without considering what can be done from baseline to reduce the risks of significant side effects from corticosteroids.

Hopefully this special issue will be educational for immunologists and allergists dealing with patients presenting with blistering diseases as well as scientists, family members, and the patients themselves. Understanding what is known so far about a disease leads to improved clinical practice, better research, and improved compliance with therapy.

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