

Specimen collection:

Direct Immunofluorescence (DIF)

Guidelines for biopsy site selection for DIF testing*

*This informational material is intended as a supplement to clinical judgement, not case-specific medical advice. If the clinical differential diagnosis spans multiple disorders, clinical judgement should prevail in the determining the single best biopsy site. Please call our doctors at 916-734-6373 to discuss a case if needed.

ACQUIRED VESICULO-BULLOUS DISORDERS

Pemphigoid, Pemphigus, Linear IgA Disease, Epidermolysis Bullosa Acquisita

BIOPSY: the edge of an active blister or perilesional erythematous or normal-appearing skin within 3-4 mm from a blister edge

AVOID: specimens with detached epidermis, crusted/eroded/ulcerated lesions

Dermatitis herpetiformis

BIOPSY: normal appearing skin 1-3 mm from a blister

Porphyria and pseudoporphyria:

BIOPSY: the edge of an active blister

AVOID: crusted/eroded/ulcerated/old lesions

Lupus Erythematosus:

For the differential diagnosis of systemic LE (SLE) or acute cutaneous LE versus other forms of LE or non-LE disorders: Biopsy sun-protected, non lesional, buttock or inner thigh (“uninvolved”). This is the classic lupus band test.

For the DDx of lupus erythematosus (LE) versus non-LE disorders: Biopsy lesional erythematous or active border (“involved”).

Vasculitis (e.g., Henoch Schonlein purpura)

BIOPSY:

- lesional: lesions < 48 hours old
- perilesional skin may yield diagnostic information if > 48 hrs old, but false negatives results may be more likely.