

Erythema Multiforme



Erythema Multiforme

Introduction



- Multiple, Erythematous, Annular, Targetoid 'Bull's eyes' rash
- These may blister
- Occur on palms of the hand, on the arms, dorsum of the feet and the knees
- Likely - immunological basis

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Causes



- **Idiopathic** – 50%
- **Infections**
 - Viral - herpes simplex, orf, infectious mononucleosis, hepatitis B, HIV
 - Bacterial -streptococcal throat, mycoplasma
- **Drugs** – penicillin, NSAIDs, Sulfonamides, Barbiturates & carbamazepine
- **Connective tissue diseases** - SLE, Sarcoidosis
- **Malignancies** – carcinoma, lymphoma, myeloma
- **Radiotherapy**
- **Pregnancy**
- **Vaccinations**

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Complications



Stevens–Johnson syndrome – marked blistering, 2 or more mucosal involvement & systemic upset

Eye involvement – corneal ulcers, conjunctivitis, uveitis

Toxic epidermolysis necrolysis (TEN)



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Treatment



- Usually self-limiting
- Get expert help in severe cases
- **Identify, and remove or treat any trigger**
 - Stop the offending drug
 - Antibiotic or antiviral in infection
- **Symptomatic treatment** - Analgesia & topical glucocorticoids
- **Stevens–Johnson syndrome**
 - Supportive care - oral toilet, rehydration and analgesia
 - Seek ophthalmology input
 - Systemic steroids
 - Immunosuppressive agents, in some cases
- Care shall be provided in burn units or ICU in severe cases or TENS.

Last Second **Medicine**

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