Erythema Multiforme – A Rare Case Report

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Abstract

Erythema multiforme is an acute condition which usually goes on its own but may require treatment for its symptoms. The name means a redness (erythema) that is of many (multi-) shapes (-forme). In fact, the rash of erythema multiforme can be recognised by the presence of spots that look like small targets (bull's eye shaped 'target lesions'). These have a dusky red centre, a paler area around this, and then a dark red ring round the edge. Erythema multiforme is usually mild (erythema multiforme minor) – with only a few spots, causing little trouble and clearing up quickly – but there is also a rare but much more severe type (erythema multiforme major/bullous erythema multiforme) that can be life threatening with involvement of the mucus membranes inside the mouth, in the genital area, and on the conjunctiva of the eyes. The present article discusses the management of a rare case report of Erythema Multiforme.

Keywords: Allergy, Bullae, Pain, Lesions, Ulceration, Vesicles.

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Introduction

Erythema multiforme (EM) is an acute, self-limited, and sometimes recurring skin condition that is considered to be a type IV hypersensitivity reaction associated with certain infections, medications, and other various triggers.[1,2]

Erythema multiforme may be present within a wide spectrum of severity. Erythema multiforme minor represents a localized eruption of the skin with minimal or no mucosal involvement. The papules evolve into pathognomonic target or iris lesions that appear within a 72-hour period and begin on the extremities (see the following image). Lesions remain in a fixed location for at least 7 days and then begin to heal. An arcuate appearance may be present (see the second image below). Precipitating factors include herpes simplex virus (HSV), Epstein-Barr virus (EBV), and histoplasmosis. Because this condition may be related to a persistent antigenic stimulus, recurrence is the rule rather than the exception, with most affected individuals experiencing 1-2 recurrences per year.[3,4]

Case Report

A male patient reported to the Dept. of OMDR, Career Post Graduate Institute of Dental Sciences, Lucknow with a chief complaint of ulcer on the lips since 1 week. Past history revealed that ulcers were insidious in onset and started as a boil 01 week before and later ruptured and formed ulcers which gradually increased in size and number associated with pain.

It was associated with burning sensation which was insidious in onset, localized, non progressive and aggravates on eating normal as well as hot and spicy food. It is also associated with pain which is continuous, moderate in intensity, burning type, localized, aggravates on touching, speaking & eating.

Past medical history suggested that the patient had similar ulcerations over his lips twice before, once one and half years back and the other 6 months back. The first time it occurred, it subsided on its own within 15 days. When it occurred for a second time, he visited private clinic, wherein prescribed vitamins. Tablets and penicillin injection was administered. He was also told to apply Dentogel in the area. The lesions subsided within 20 days.

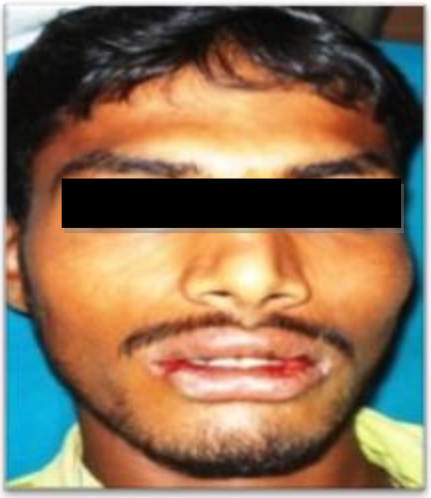

Fig No. 1 Extra oral view of patient with depressed feel

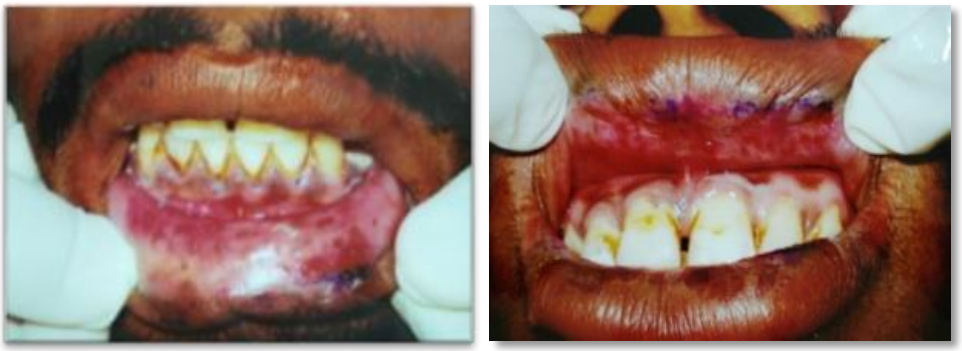

Fig No. 2 Intra oral lesions on upper and lower lip

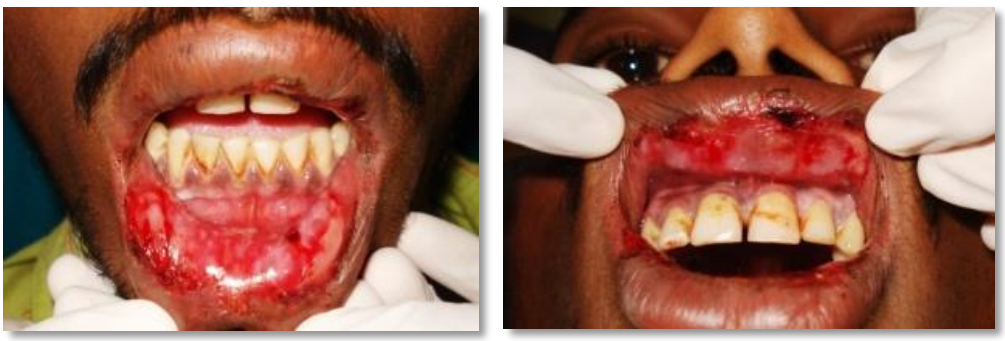

Fig No. 3 Post treatment follow up intra oral view showing reduction in lesion

Examination of Intra Oral Lesion

Inspection: eroded area measuring approximately 4X3 cm on upper labial mucosa can be appreciated, roughly rectangular in shape extending inferiorly from the vermillion border of the upper lip to the depth of the maxillary labial vestibule superiorly and laterally 0.5cm medial to the angle of the mouth on both sides. The surface of the erosion appears erythematous with interspersed pale areas. Three hemorrhagic encrustations could be appreciated , one left of the midline measuring 1cm in diameter and the other 2, around 2 cm lateral to it on both sides, approximately 1cm in diameter, with well defined borders.

A solitary patch covered with pseudo membrane can be appreciated, measuring approximately 1 X 1.5 cm and curvilinear in shape. Surrounding area is normal and active bleeding could be appreciated from the ulcerated areas.

A similar eroded area measuring approximately 4X3 cm on lower labial mucosa can be appreciated, roughly oval in shape extending inferiorly from the vermillion border of the lower lip to the depth of the mandibular labial vestibule inferiorly and laterally

0.5cm medial to the angle of the mouth on both sides. The surface of the erosion appears erythematous with interspersed pale areas. Solitary hemorrhagic encrustations could be appreciated, one left of the midline measuring 1cm in diameter with well-defined borders. Surrounding area is normal and active bleeding could be appreciated from the ulcerated areas.

Palpation: On palpation, the entire eroded surface is firm in consistence, tender on palpation and bleeding is elicited even on slight manipulation of the mucosa, like stretching the lips. The pseudo membrane can be peeled off leaving a raw, eroded surface which is tender.

Provisional diagnosis: Recurrent erythema multiforme minor involving upper and lower labial mucosa.[5]

Differential diagnosis: Herpes labialis, Pemphigus vulgaris, Discoid Lupus Erythematosis & Allergic Reaction.

Investigations: Complete hemogram – All the values were within normal limits except ESR-38MM/ HOUR & Tridot- Negative.[6,7]

Management: Advised to avoid excessive exposure to sunlight and hot spicy food[8] and take only Soft and liquid diet, symptomatic treatment given, heal-plus gel topical application 4 to 5 times x 7 days[9] and use of an antiseptic mouthwash.[10]

Follow up: Done after 01 weeks duration.[11] Patient reported with a considerable decrease in the extent and severity of the lesions.

The burning sensation had also decreased by 70 %.the lesions had almost healed, in both the upper and lower labial mucosa.

Conflict of Interested: Nil
Source of Support: None

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