Erythema multiforme
Autor: Data de publicació: 26-02-2022
Erythema multiforme
Minor erythema multiforme of the hands (note the bleached centers of the lesion)
Speciality dermatology
eMedicine derm/137
Synonym
Lyell syndrome; Stevens-Johnson syndrome; Erythema multiforme minor; Erythema multiforme major
Medical Notice
[editing data in Wikidata]
Erythema multiforme or polymorphous erythema is a skin disease of acute or chronic recurrent presentation, of ar immunological nature, characterized by erythematous lesions of the skin and vesicles or blisters of the mucous membranes. It can be triggered after infection or exposure to drugs.1?

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Epidemiology Erythema multiforme can occur at any age, most often between the second and third decade of life. It is rare in children. The overall annual incidence ranges from 0.8 to 6 per million per year. It occurs more in men than in women, in a ratio of 3:2.1?
Aetiology The etiology of erythema multiforme is unknown. However, its occurrence has been associated with a number of infections. The most frequent association is with Herpes simplex infection, followed by hepatitis and infectious mononucleosis. Some bacterial infections (commonly Mycoplasma) and fungal diseases are also associated. Listed below are the infections that have been associated with the diseasead.1?
Infections triggering erythema multiforme
VirusBacteriaFungiProtozoa
HIV Hemolytic ? streptococcus Coccidiomycosis Malaria
Adenovirus Brucellosis Dermatophytosis Trichomoniasis
Virus Coxsackie Diphtheria Histoplasmosis
Virus de Epstein-Barr Mycobacterium
Hepatitis A, B and C Mycoplasma pneumoniae
Herpes simplex 1 and 2 Tularemia

Herpes zoster

Typhoid fever	
Typhola level	
Influence to a A	
Influenza type A	
Lymphogranuloma inguinale	
Lymphogranuloma venereum	
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Parotitis	
Poliomyelitis	
Psittacosis	
Diskattaia	
Rickettsia	
Vaccinia	
Smallpox	

Other causes include reactions to drugs, most commonly to sulfas, phenytoin, barbiturates, penicillins, and allopurinol, or a host of internal ailments. Persistent (chronic) erythema multiforme has been linked to the ingestion of benzoates in natural and artificial forms, including benzoic acid, which exists naturally in some fruits, and sodium benzoate, a common food preservative.

## Clinical picture

The condition ranges from a mild, self-limiting rash of minor erythema multiforme.2 to a severe, deadly form known as Erythema multiforme major (or Erythema multiforme majus) that also involves mucous membranes. This severe form may be related to Stevens—Johnson syndrome. The mild form is much more common than the severe form. The diagnosis is confirmed by biopsy. The mild form usually presents with mild pruritus (although it can also be very severe), red patches, symmetrically arranged and from the extremities. It often takes on the appearance of classic lesion on target,3 with a red ring around a pale center. Usually the resolution occurs between 7 and 10 days. Individuals with persistent (chronic) erythema multiforme often present in the first week with a painful form at a site of injury, for example, a minor scratch or abrasion. Irritation or pressure even from clothing can cause erythema pain to continue to expand along its margins for weeks or months, long after the original pain in the center heals.

## **Treatment**

Erythema multiforme is self-limiting, often disappears spontaneously and does not require any treatment. The
appropriateness of glucocorticoid therapy may be uncertain, as it is difficult to determine whether the course will be self-
limiting.4?

Reaction of Erythema multiforme to an antibiotic.

"Eritema multiforme major" (Stevens–Johnson syndrome); which resembles "erythema multiforme"

Blank lesions of Erythema Multiforme in the leg, Nell Brigham, 2011

#### See also

Erythema multiforme major Erythema multiforme minor Toxic epidermal necrolysis Stevens-Johnson syndrome Fixed drug rash

#### References

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# External links

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Projects Data: Q1363732 Media: Erythema multiforme BNF

identifiers

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Britannica

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: url

Medical identifiers DOID: DOID:0050185

ICD-9: 695.1 ICD-10: L51 ICD-9-MC: 695.10 ICD-10-MC: L51 DiseasesDB: 4450 MedlinePlus: 000851 eMedicine: 1122915

MeSH: D004892 UMLS: C0014742 Chemical identifiers KEGG: H01695