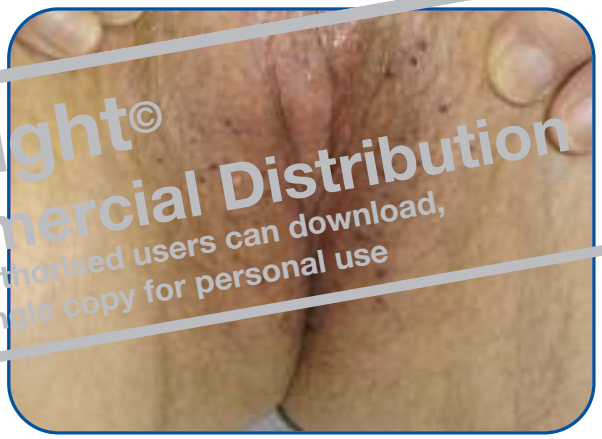
Marge's Labia Blisters

Stanley Wine, MD, FRCPC

Meet Marge

- She is 72-years-old
- She started developing blisters on the labia 25 years ago. They have become more numerous over time
- They are asymptomatic but bleed on occasion
- She does not have any gynecologic problems



Copyright© Not for Sale or Commercial Distribution
Unauthorised use prohibited. Authorised users can download, display, view and print a single copy for personal use

What is your diagnosis?

a) Kaposi's sarcoma
b) Meibomian cysts
c) Fixed drug eruption
d) Angiokeratomata of Fordyce
e) Venous lakes

Win

Send in your correct answer for a chance to win a *CME* courier pack!

Fill in the information below and **fax this page to**:
1 (888) 695-8554
If you diagnose correctly, you will be entered in our monthly draw.
Please circle the letter you believe corresponds to the correct answer.
Your Answer: **a b c d e**

Name: _____
Address: _____
Tel: _____
E-mail: _____

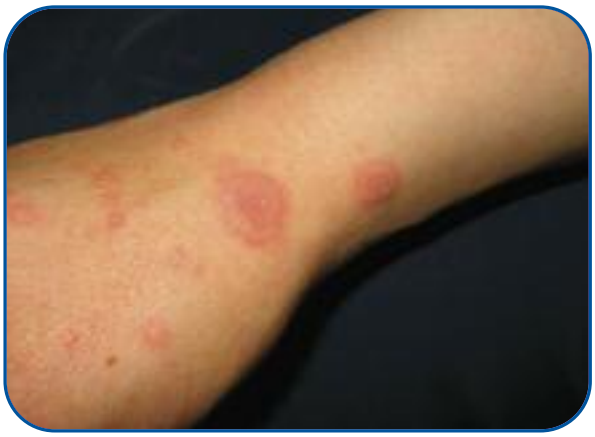
Or e-mail the answer to **cme@sta.ca** and include "CME courier pack" in the subject line.
Also, include your NAME, ADDRESS and PHONE NUMBER.

See page 2 for the answer to last month's case →

Here is the answer to last month's case

Meet Susan

- Susan is a 34-year-old female with a recent spreading rash on her arms, trunk, and now her face
- The lesions are red, edematous, and pruritic with a central clearing
- She has never had this rash before
- She has tried some over-the-counter diphenhydramine, as well as polysporin and hydrocortisone, with only modest improvement
- She has no personal or family history of skin problems. She takes no medications and does not recall being unwell in the past few months



What is your diagnosis?

a) Erythema multiforme
b) Stevens-Johnson syndrome
c) Bullous pemphigoid
d) Allergic contact dermatitis
e) Urticarial vasculitis

Answer: A

Susan has erythema multiforme (EM) **(answer a)**. EM is an acute, hypersensitive, inflammatory response to a variety of stimuli that results in changes in the epidermis and in dermal blood vessels. Most cases arise in children and young adults. EM affects males more frequently than females. Classical epidermal changes are erythematous iris and/or target-like, papular or vesiculobullous lesions that tend to involve the extremities symmetrically, especially the palms, soles, and occasionally, the mucous membranes. Lesions can be pruritic and may occasionally be accompanied by a burning sensation. Some patients may complain of prodromal fatigue, fever, joint aches, general malaise, or mild upper respiratory infection that precedes mucocutaneous lesions. The lesions are self-limited with resolution within two to six weeks, though recurrence is not uncommon.

Although EM is thought to be idiopathic in some cases, a number of etiologic factors have been linked to the development of EM, mainly infectious and, less often, drug-induced causes.

Diagnosis can usually be made through history, distinctive appearance, and by the distribution of lesions (especially palmoplantar involvement). A punch biopsy of a lesion should be done for histopathologic examination to both confirm the diagnosis and exclude differential diagnoses. If systemic features or significant involvement are present, complete blood cell count (CBC), electrolytes, erythrocyte sedimentation rate (ESR), creatinine, liver function tests, and blood or sputum cultures may be warranted.

The first step in management is to identify underlying causes or illnesses that may have led to EM and to remove those triggering factors. Offending medications should be discontinued and suppressive daily therapy with antiviral medications may be used in HSV-induced EM to prevent future recurrences. Suppressive daily therapy with antiviral medications may be used in HSV-induced EM to prevent future recurrences. If a patient is unable to afford, or is not interested in daily suppressive therapy, early establishment of episodic antiviral medications may still be beneficial. Antipyretics, analgesics, antihistamines, and topical steroids may be used as required for symptomatic relief.

Benjamin Barankin, MD, FRCPC

cme

Congratulations
to our winner for the month of January 2012
Dr. Shamim Dawood
Oakville, Ontario