

Up-Close

A Look at Dermatological Diagnoses

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Figure 1. Typical acral distribution of EM minor.



Figure 2. A patient with severe mucosal erosions and EM major.



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The Onset of Erythema Multiforme

Differential Diagnosis

Erythema Multiforme (EM) is an acute inflammatory mucocutaneous disorder with characteristic clinical and histopathologic findings. It is divided into two categories: EM minor and EM major (Stevens-Johnson syndrome).

Clinical Findings

EM minor is usually seen in healthy individuals who have recurrent acral-ly located polymorphic lesions lasting two to four weeks. The lesions vary from violaceous macules, to targetoid edematous papules, vesicles, and bullae. On the other hand, patients with EM major are extremely ill with severe mucosal involvement of the eyes, mouth, and anogenital areas, and widespread macules and bullae that are predominantly truncal. Some authors believe that EM major forms part of a spectrum with Toxic Epidermal Necrolysis (TEN), the latter demonstrating > 30% body surface involvement.

Histopathology

EM demonstrates vacuolar interface dermatitis. Lymphocytes may obscure the dermoepidermal junction, leading to vacuolation, necrotic keratinocytes, and subepidermal blisters. EM major and TEN show epidermal necrosis with a sparse lymphocytic infiltrate.

Etiology

EM is a hypersensitive reaction, which may be idiopathic. EM minor is most commonly associated with infections. A recurrent form is frequently seen following herpes simplex reactivation. *Mycoplasma pneumoniae* is also a common cause. EM major is mostly due to drugs, of which sulphonamides, anticonvulsants, penicillin, allopurinol, and nonsteroidal anti-inflammatory agents are often responsible.

Treatment

Therapy is primarily supportive. In EM minor, sunscreens and prophylactic famciclovir or valacyclovir are helpful. Frequent wet compresses to the skin and mucosae help cleanse, débride and reduce inflammation. Corticosteroids are generally not useful. An ophthalmologist should be involved early on and the underlying cause should be treated. **CME**