

## Overview of Erythema Multiforme

- Immune-mediated, usually **self-limiting mucocutaneous** condition
- Most common in **young adults (20–40 years)**, prevalence <1%
- Characterised by **symmetrical “target” lesions** (iris) with **acral distribution** (hands, feet), may involve trunk
- Lesions may be **painful , pruritic or swollen**.
- **Prodromal symptoms** may include fever, myalgia, fatigue, malaise
- **Mucosal involvement**: oral most common; may be urogenital or ocular; presents as blisters → painful erosions with a white overlying pseudo-membrane.

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## Overview of Erythema Multiforme : Types

- **EM Minor**: skin-limited or minimal mucosal involvement (single mucosal area), no systemic symptoms
- **EM Major**: extensive skin lesions, at least 2 different mucosal site, systemic symptoms; potentially life-threatening



\* Source: Primary Care Dermatology Society (PCDS) Clinical Guidance

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# Overview of Erythema Multiforme : Etiology

Infectious triggers	Medications	Other conditions
Herpes simplex virus (HSV-1; predominant trigger)	Antibiotics (erythromycin, nitrofurantoin, penicillins, sulfonamides, tetracyclines)	Inflammatory bowel disease
Cytomegalovirus (CMV)	Anti-epileptic drugs	Chronic hepatitis C
Epstein–Barr virus (EBV)	Non-steroidal anti-inflammatory drugs (NSAIDs)	Haematological malignancies (leukaemia, lymphoma)
Influenza virus	Vaccinations (most common trigger in infants)	Solid organ malignancies
Vulvovaginal candidiasis		
SARS-CoV-2		
<i>Mycoplasma pneumoniae</i>		

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## Treatment and Management : Acute phase

### Remove the trigger / treat underlying cause

- Discontinue offending medications.
- Treat infections promptly:
  - **Mycoplasma pneumoniae** → antibiotics.
  - **Suspected HSV** → acyclovir or valacyclovir

### Symptomatic and supportive care

- **Pain relief** : topical anesthetics , oral numbing medicine or oral analgesic .
- **Itchiness**: topical corticosteroids or oral antihistamines
- **Systemic therapies** : oral corticosteroids to reduce the severity and duration of symptom
- **Hospitalization**: for severe pain, dehydration, or eating difficulties.

### Managing Complications

- Ocular involvement → risk for more serious sequelae (*conjunctivitis, keratitis, uveitis*)
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# Prevention of Recurrence & Prognosis

- Episodes may be isolated, recurrent, or persistent
- **\*HSV-related prevention** Indicated for  $\geq 4$  outbreaks/year.
  - Acyclovir 400 mg 2x/d
  - Valacyclovir 500 mg 2x/d
  - Famciclovir 500 mg 2x/d

Duration:  $\geq 6$  months

- In most cases, erythema multiforme is **self-limited**, with **spontaneous regression** of symptoms.
- In recurrent or persistent form without a clear precipitant, consider work up for solid organ or haematological malignancies.

\*Source :Sokumbi O et al., Clinical review: erythema multiforme, Int J Dermatol, 2012.

## TAKE HOME MESSAGE

- Erythema multiforme (EM) is an **acute inflammatory dermatosis, immune-mediated skin condition**
- **Etiology** : Often triggered by **viral infections** (mainly **HSV**); alternative triggers include other infections, **medications**, and vaccinations.
- **Clinical Features:**
  - Development of **target lesions**, usually in an **annular pattern with three concentric zones**
  - Common locations: **hands, feet, trunk**, and sometimes **mucosal involvement** (mouth, eyes, genital).
- **Diagnostic** :
  - often **made based on history and clinical examination**
  - Additional tests may be necessary to exclude alternative diagnoses (blood test, testing for infectious causes, Chest x-ray, skin biopsy ..)

