Erythema Multiform among Patients Attending Al-Yarmouk Teaching Hospital

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Abstract:

Background: Erythema multiform is a distinctive clinical and histopathological entity which can be precipitated by various agents and characterized by an acute, self –limited eruption of the skin & mucous membranes in the form of distinctive iris lesion, macules and maculo–papular lesions.

Objective: To study the clinico-epidemiological pattern of Erythema multiform in Iraq.

Patients & Methods: This case series study was done in the Department of Dermatology and Venereology, Al-Yarmouk Teaching Hospital, during the period from Dec. 2004 through Aug. 2005.

Results: Thirty patients with Erythema multiform enrolled in this study. They were 18 males & 12 females with male: female ratio of 1.2:1. Their ages ranged from 7-55 years with mean±SD of 26±4 years. Ten cases (33.3%) showed recurrence of more than one attack with variable periods of time. 90% of them gave a history of herpes simplex infection before each attack. All cases collected were with maculo- papular type. The majority of cases (60 %) showed a peripheral distribution with preference of lesions to the extremities.

Conclusion: The main cause of recurrence was still Herpes simplex infection. In addition, still maculo–papular type was the most common pattern seen in this study and the peripheral distribution was found in 60 % of the cases with preference of lesions to the extremities.

Key words; Erythema, Multiform

Introduction:

Erythema multiform (E.M) is a distinctive clinical and histopathological entity which can be precipitated by various agents and characterized by an acute, self –limited eruption of the skin & mucous membranes in the form of distinctive iris lesion, macules and maculo–papular lesions [1]. Clinical picture of E.M is variable but the rash is usually monomorphous, in particular cases the lesion may be nodular, vesicular or bullous. They may be annular circinate in shape. They may be persistent purpuric or urticrial [2].They are sharply marginated, relatively non pruritic & located primarily on the extremities [3]. Many factors are blamed as precipitating or provocative cases like infections (viral, bacterial, fungal or parasitic), physical factors (cold, sunlight & X-ray), endocrine diseases, drugs tumors, connective tissue diseases & other miscellaneous conditions [4, 5].

Patients & Methods:

In this case series study, the patients with Erythema multiform were collected from out patient clinic of dermatological and venereal diseases of Al-Yarmouk Teaching Hospital from the period between 1st of December 2005 to 1st of September 2006.

A diagnosis of the disease is based on the clinical picture only, and a special questionnaire was filled which include age, sex, medical history especially of herpes simplex infection, itching and history of recurrence in relation to previous herpes simplex infection.

Thorough clinical examination of the patients was done to assess the type of the lesion (macular, maculo-papular, target, iris or urticarial) distribution of the lesions (central, acral, or generalized).

Results:

Thirty patients with E.M. were collected, their age ranged between 7-55 years with a mean±SD of 26±4 years .There was 18 males & 12 females with female :male ratio of 1.2:1.:

Mild to moderate itching was seen in 33.3 % of cases, while severe itching was seen in one case only. Ten cases (33.3%) showed recurrence of more than one attack with variable periods of time. 90% of them gave a history of herpes simplex infection before each attack While 60% of those with the first attack gave a history of herpes simplex infection. This association with herpes simplex infection was not significant statistically (P>0.05) (Table 1).

Regarding the clinical types, all cases collected were with maculo- papular type. Typical iris – like lesions were seen in about half of the cases (53.3%). In three cases (10%) the lesions were associated with urticarial reaction (Table 2).

Concerning the distribution, the majority of cases (60 %) showed a peripheral distribution with preference of lesions to the extremities. 30 % of these cases were only limited to acral parts (face, hands & feet). The remaining 10% of cases were predominantly took a generalized distribution (Table 3).

Table 1: The distribution of cases according to the association with herpes simplex infection.

History of herpes infection	Recurrent cases	First attack
Positive	9 (90%)	12(60%)
Negative	1(10%)	8(40%)
Total	10 (100%)	20(100%)

P= 0.203

Table 2: The distribution of cases according to the clinical type.

Type of lesion	Patients	Percentage
Maculo-papular	30	100%
Typical iris-like	16	53.3%
Urticarial reaction	3	10%

Table 3: The site of distribution of cases

Site of lesion	Patients	Percentage
Peripheral extremities	18	60%
Limited to acral parts	9	30%
Generalizes distribution	3	10%
Total	30	100%

Discussions:

EM is a relatively common, self limited disorder in most cases. Itching as an associated finding is not well reported, however it is seen in about a third of our cases which may be subjective sense. Recurrence is an important feature of EM, many provocative factors are well elaborated to be responsible for recurrence .Herpes simplex infection is situated on the top of these factors although in this study the association was not significant statistically which may be due to small sample size and the percentage d in this observation is comparable to that mentioned in other studies [5].

EM may present clinically in various forms, however the most common pattern is maculo–papular type [4, 6, 7]. In the current study, although the number of studied cases is relatively small, all cases were of the maculo–papular type. EM is commonly described to involve the peripheral parts of the body especially the acral parts. The finding in this study is similar to other studies [4, 5].

In conclusion, the main cause of recurrence was still Herpes simplex infection. In addition, still maculo–papular type was the most common pattern seen in this study and the peripheral distribution was found in 60 % of the cases.

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