

ERYTHEMA MULTIFORME

What are the aims of this leaflet?

This leaflet has been written to help you understand more about erythema multiforme. It tells you what it is, what causes it, what can be done about it, and where you can find out more about it.

What is erythema multiforme?

Erythema multiforme is an acute condition which will usually go away on its own but may require treatment for the symptoms.

The name tells you a bit about what the rash looks like. It means a redness (erythema) that is of many (multi-) shapes (-forme). In fact, the rash of erythema multiforme can be recognised by the presence of spots that look like small targets (bull's eye shaped 'target lesions'). These have a dusky red centre, a paler area around this, and then a dark red ring round the edge. Erythema multiforme is usually mild (erythema multiforme minor) – with only a few spots, causing little trouble and clearing up quickly – but there is also a rare but much more severe type (erythema multiforme major/bullous erythema multiforme) that can be life threatening with involvement of the mucus membranes inside the mouth, in the genital area, and on the conjunctiva of the eyes.

Erythema multiforme occurs most commonly between the ages of 10 and 40. It is rare before the age of 3 or after the age of 50.

What causes erythema multiforme?

The cause of erythema multiforme is not fully understood. It cannot be caught from someone else, but it is considered to be a reaction that can be triggered by a variety of things, the most common of which are viral infections (90%) and medications (10%)

In children an infection a few days before the rash starts is the usual trigger. This is most commonly due to herpes simplex (the cold sore virus), which should be suspected if the erythema multiforme is fairly

mild or flares up repeatedly. Chest infections by germs called mycoplasmas are also a common cause.

Reactions to medicines cause most of the more severe cases of erythema multiforme. The drugs that do this most often are antibiotics – such as sulfonamides, tetracyclines, amoxicillin, and ampicillin. Nonsteroidal anti-inflammatory drugs (given for joint and muscle pain) and anticonvulsants (used to treat epilepsy) can also cause a reaction. Other drugs can occasionally trigger it. About half of all cases occur without any trigger.

Is erythema multiforme hereditary?

No.

What are the symptoms of erythema multiforme?

The symptoms will vary with the severity of the rash. If it is mild, you may feel perfectly well, and your rash may just be slightly uncomfortable.

If your erythema multiforme is more severe, you may have a fever and a headache, and feel unwell for a few days before the rash appears. Blisters on your skin may break down and leave painful raw areas. If your eyes are affected, you may become sensitive to light and notice blurring of your vision. Raw areas inside the mouth can make it hard to eat and drink. Genital soreness can interfere with passing urine. Even when the rash has cleared up, a few people are left with scars on their skin, or with damaged eyes.

What does erythema multiforme look like?

Again this depends on its severity.

In mild erythema multiforme:

The spots usually come up over the course of 3 - 4 days, starting on the hands and feet, and then spreading up the limbs to the trunk and face.

At first the spots are small, round, slightly raised red areas, some of which turn into the 'target lesions' described above. These are 1 - 3 cm across, but may fuse together to produce larger areas. Small blisters form in the centre of some of the targets.

The rash usually fades over 2 - 4 weeks, but recurrences are common.

There are usually no complications from this type of erythema multiforme.

In severe erythema multiforme/bullous erythema multiforme: You may feel ill and have a high temperature. The spots are usually larger, and run into each other more

than those of mild erythema multiforme. 'Target lesions' can usually still be seen. Large blisters may form, and then burst to leave red oozing areas. Your lips may be covered with crusts, large raw areas may appear inside your mouth, and your eyes may swell up and turn red. Complications of this type are rare and are mainly from scars of the mucous membranes in the mouth or the eyes.

How is erythema multiforme diagnosed? There are no specific blood tests for erythema multiforme. The diagnosis is usually based on the way the rash looks, the way it is distributed symmetrically over the skin, and exposure to one of the known triggers discussed above. Occasionally it is necessary to do a skin biopsy (to remove a small sample of skin under a local anaesthetic) to confirm the diagnosis under the microscope and exclude other possibilities.

Can erythema multiforme be cured?

Most patients with erythema multiforme recover completely; however, there can be a risk of further attacks, particularly following cold sores.

How can erythema multiforme be treated?

Your doctor will try to find out what caused the erythema multiforme in the first place. If a particular drug is suspected, it must be stopped straight away. The treatment will then depend on how bad the erythema multiforme is:

Mild rashes will clear up in a few weeks with simple moisturisers or topical corticosteroids.

Severe rashes can be life threatening. Patients may need to be nursed in hospital, perhaps in a burns unit, using dressings like those needed for an extensive burn. The pain from the raw areas can be severe and regular pain control may be required. The oozing areas can leak large amounts of fluid and this will be monitored and replaced. Antibiotics help if the damaged skin is infected. An eye specialist may be needed if the eyes are severely affected.

Recurrent attacks may be a problem. If they always follow a cold sore and come up several times a year, then it may be worth taking a small daily dose of a drug which is designed to suppress the herpes simplex virus (the virus responsible for cold sores) for several months.

Self care (What can I do?)

If you have had one attack of erythema multiforme, remember there is a risk that you will have another one. Avoid all medications that were suspected of causing your attack. If your attacks follow cold sores, you may want to ask your doctor about taking antiviral tablets long-term.

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