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ERYTHEMA INDURATUM SCROPHULOSORUM

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This disease is characterized by an eruption of deep seated nodes which almost invariably occupy the calf region on both legs and are much less frequently found also upon the thighs and buttocks or in other localities. When first discovered the lesions are usually firm, pea sized nodules that can be made out only by palpation, in the subcutaneous tissue. There may be few or many. They develop very sluggishly, each to the size of a cherry or a large nut, and gradually invade and cause some elevation of the true skin which at the same time acquires a dusky red discoloration that later assumes a purplish tinge. With their increase in size the nodes become less elastic, sometimes almost doughy, and often fuse with the surrounding tissue until the outline of the infiltration is quite indefinite. In this way neighboring lesions may partly coalesce though there generally remains a palpable lobulation. Involution may begin at any stage and the nodes gradually disappear by absorption. There is often a slight desquamation of the skin, and its violaceous color slowly gives way to a brownish pigmentation that persists for a long time. Occasionally a resultant atrophy of the skin leaves permanent depressions to mark the sites of the original nodes. All the lesions do not always undergo absorption. It is not uncommon for the nodes to necrose either en masse or at one or two points. In the former instance the whole node sloughs away and leaves a large, punched out, circular, sluggish ulcer. More often the infiltrated skin becomes softened in one or two spots and discharges a sero-purulent fluid which carries away more or less necrotic material until a sinus-like tract is formed extending into the substance of the node. There is never distinct abscess

formation. The ulcers leave smooth depressed scars when they heal. New nodules may make their appearance while others are undergoing involution. The lesions are not painful, though there may be more or less tenderness on pressure. The disease is met with by far most frequently among anemic and flabby girls and young women, especially those who are much of the time upon their feet. It is often associated with tuberculous adenitis or other tuberculous affection, although occasionally the lesions occur in an otherwise apparently healthy individual. Nevertheless the disease is probably a cutaneous manifestation of tuberculosis. **DIAGNOSIS:** *Erythema nodosum* is an acute disease, a variety of erythema multiforme. It is frequently associated with rheumatic symptoms. Its nodes are not sharply circumscribed, they occur upon the front of the legs and are at first superficial and bright red or pink and the later color changes are those of a bruise with blood extravasation. The lesions are nearly always painful and very tender and never undergo necrosis. *Syphilitic gummata* bear a much closer resemblance, but are rarely numerous and rarely on both legs. The infiltration is often deeper and more wide spread, the ulcers may be much larger and are always more purulent. Moreover there is generally corroborative evidence of syphilis, and the syphilitic lesions yield rapidly to antisyphilitic remedies. **TREATMENT:** The disease is persistent. The general roborant measures employed in tuberculosis are indicated. The ulcers should be kept clean and the legs snugly bandaged. Rest in bed with elevation of the legs is an essential part of the treatment in most cases.