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ERYTHEMA MULTIFORME

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Synonym: *Erythema exsudativum multiforme*.

Erythema multiforme is an acute inflammatory disease of the skin characterized by a rash that may be composed of macules, papules, tubercles, vesicles or bullae, or some combination of these. There is usually a marked predominance of one type of lesion and nearly always a roughly symmetrical distribution. In its simplest form the eruption consists of pink papules of pin head to pea size, which appear first upon the backs of the hands and feet or on the hands alone, and enlarge gradually, assuming a violaceous or purplish hue. In the beginning the color is due entirely to a local hyperemia and disappears under pressure, but later a brownish pigment is deposited in the skin. Fresh pink lesions may arise among those already present, or on other parts of the body as upon the back of the forearms, shins, thighs, breast, face, etc. The evolution of the efflorescences often does not progress beyond this stage (*Erythema papulosum*). Occasionally however, with further enlargement of the original papules or tubercles, disc-like lesions are formed, the middle portions of which usually become depressed and cyanotic while the advancing margins are always of a brighter shade of pink or red. Sometimes after a lesion has thus assumed a definite ring shape a papule may arise at the center of the depressed area and spread in a similar manner; or from successive exudations new ridges may form beyond the older one so that two or three concentric rings are to be seen, which, on account of the difference in their ages, are usually of a different color (*Erythema iris*). When the exudation is considerable the papules are sometimes, though rarely, converted into blisters, and these by growth and coalescence may become large blebs (*E. bullosum*). Vesicles arising from ring shaped lesions

have also a circular arrangement (*Herpes circinatus seu iris*). The large disc shaped and the vesicular lesions are nearly always confined in their distribution to the extensor surfaces of the extremities. The more general form of *erythema multiforme* is of a macular or mixed maculopapular type. The *erythema* appears in patches of various sizes and shapes. These frequently coalesce to form larger lesions with strikingly convoluted and sometimes slightly raised borders (*E. marginatum*). Like the papules the patches usually change color or clear at the center and large annular lesions result (*E. circinatum seu annulare*). Associated with a cutaneous eruption of any type, lesions sometimes occur upon the mucous membrane, especially of the mouth, in the form of small erosions covered with gray or yellow films. The subjective symptoms of *erythema multiforme* are rarely troublesome. There is some burning or slight itching. The duration of an attack is from two to four weeks, but successive outbreaks may occur for months or years. The disease is occasionally associated with serious internal disorders; it is a not uncommon complication of rheumatic fever. The eruptions caused by potassium iodid, copaiba and some of the coal tar drugs are sometimes of the *erythema multiforme* type. In many instances the disease seems to be the result of an intestinal auto-intoxication. **DIAGNOSIS:** The lesions of *urticaria* have not the characteristic symmetrical distribution, they are paler and more evanescent and cause a more intense pruritus. **TREATMENT:** Constipation and indigestion are to be corrected. Locally a mild antipruritic lotion, such as a 0.5-1 per cent alcoholic solution of salicylic or carbolic acid, may be employed.