



ERYTHEMA NODOSUM

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## ERYTHEMA NODOSUM

**Synonyms:** *Erythema contusiforme seu plegiforme*; *Dermatitis contusiformis*.

*Erythema nodosum* is an acute inflammatory affection characterized by an eruption of cherry to egg sized erythematous nodes. The appearance of the rash may be preceded by general symptoms such as fever, gastric distress, malaise, and more often rheumatic pains and swellings of the joints. The skin lesions develop rapidly, usually symmetrically on the extensor surfaces of the legs, though occasionally also in other regions, as upon the thighs and upper extremities. They are rarely numerous, often only three or four and usually less than a dozen. The lesions begin as small, round or oval indurated patches and increase rapidly in diameter and elevation. They are at first rather bright red, firm, quite tender and painful. The nodes are never sharply defined but merge gradually into the surrounding skin. The epidermis near the summit of a swelling often has a glistening tense appearance. In a couple of days the red begins to grow darker and then shades slowly into purple, green and yellow. The color changes are always a little more advanced at the center than at the periphery with the result that the patches may become quite variegated. The alteration of color is identical with that which occurs in an ecchymosis from a contusion and due to the same causes, the extravasation of blood and the decomposition of its hemoglobin. During the stage of resolution a node may become so soft as to feel almost fluctuating, but suppuration or ulceration never

occurs. The nodes are absorbed invariably and leave some pigmentation but no permanent traces. The period of evolution is two to four weeks, but new lesions may continue to appear and prolong the duration of an attack to two or three months. The disease is in all probability a variety of *erythema multiforme*. It may occur in combination with other lesions of that disease, though in the vast majority of cases *erythema nodosum* occurs alone. It is more often associated with rheumatism and patients are to be guarded against serious though rare rheumatic complications, such as endocarditis and nephritis. The disease is met with most often in young women and frequently also in children; it is seldom seen in patients past middle life. **DIAGNOSIS:** *Syphilitic gummata* develop slowly and do not become red until they have been present some time; they are not tender never numerous and very rarely symmetrical. Other signs of syphilis are usually to be found. The nodes of *erythema induratum scrofulosorum* develop very sluggishly and painlessly, usually on the flexor surface of the legs; they are at first deep seated and sharply defined; color changes in the skin are late and the colors much less varied and brilliant; the nodes often necrose and ulcerate. **TREATMENT:** Rest and the administration of sodium salicylate in ten grain doses will mitigate the pain and may shorten an attack. Locally hot compresses of *aqua hamamelidis* or *liquor plumbi subacetatis dilutus* are usually grateful.