

A Perplexing Case of Recurrent Erythema Multiforme

Radhamony^a, Fathima Noora CP^a

a.Travancore Medical College Hospital, Kollam*

ABSTRACT

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Erythema multiforme (EM) is a rare mucocutaneous hypersensitivity reaction with various etiological factors. Most common cause is infection by Herpes simplex virus. Characteristic clinical finding is development of Target lesions. We report a rare case of Recurrent Herpes associated erythema multiforme (HAEM) diagnosed by positive serology for herpes simplex virus and managed with systemic Acyclovir.

Keywords: Erythema Multiforme, Herpes Simplex Virus, Herpes associated Erythema Multiforme, Target Lesions, Acyclovir

*See End Note for complete author details

CASE DESCRIPTION

13 years old boy Presented with abrupt onset of fever and multiple painful oral ulcers since 5 days and Reddish lesions with central blisters over trunk and extremities since 2 days. He gave history of similar episodes at 4 years, 5 years and 8 years of age. No history of any drug intake prior to onset of symptoms. Patient was irritable and febrile. Systemic examination were within normal limits. On cutaneous examination there were multiple ulcers with crusting present over lips, buccal mucosa, scrotum and penis. Typical target lesions were present all over body. A clinical diagnosis of erythema multiforme, likely secondary to herpes simplex virus infection, was made.

INVESTIGATIONS AND TREATMENT

Routine blood investigations, liver function test and renal function test were within normal limits. HSV-1 serology was positive for both IgM and IgG antibodies. A Final diagnosis of recurrent Herpes associated erythema multiforme (HAEM) was established. The Patient was treated with inj. Acyclovir 500 mg thrice daily IV infusion (10 mg/kg) for 2 days followed by Tab. Acyclovir 400 mg thrice daily for 5 days. Saline compresses followed by topical antibiotic application was done over lesions. The Patient showed significant improvement within 2 days and all the lesions healed well in 5 days.

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DISCUSSION

We report a case of recurrent Herpes associated erythema multiforme (HAEM). The diagnosis was established based on history of development of erythema multiforme preceded by herpes labialis in all the episodes, Symmetrical & Acral distribution of Typical target lesions, involvement of single mucosa and < 10 % Body surface area and presence of anti HSV antibodies both IgM and IgG. Biopsy of skin lesion is not needed to make diagnosis of Erythema multiforme.¹ Possibility of Steven Johnson Syndrome (SJS) excluded because there was no severe constitutional symptoms, No h/o any drug intake prior to all 4 episodes, No atypical target lesions, No confluent lesions and only one mucosa was involved.

Erythema Multiforme (EM) is a rare mucocutaneous eruption characterized by Iris /target lesions. Target lesions have 3 zones – a central dusky disk or blister, outer pale ring due to edema and outermost erythematous halo.¹ The eruption is symmetric and may be noted on any part of body, with predilection for palms and soles, back of hands and feet, extensor surface of the arms and legs.³ Usually runs a self limiting course but has a tendency to recur. Most cases of EM are related to infections. Herpes simplex virus (HSV) infections is the most common cause especially in recurrent cases. Other causes are infections like my-

Corresponding Author:

Dr. Radhamony M, MBBS,MD,DVD Associate Professor, Department of Dermatology, Travancore Medical College, Medicity, Kollam. E-mail: drmradhamony@gmail.com



Figure 1a & 1b. Before: 1(a) Multiple ulcers with crusting over lips, mucosa of lips & buccal mucosat, 1(b) Before: Multiple ulcers over scrotum and penis



Figure 2. TYPICAL TARGET lesions all over body



Figure. After treatment

coplasma pneumonia, varicella zoster virus, Ebstein barr virus, Orf virus, Drugs like – Sulfonamides, Barbiturates, Pencillin, Rifampicin, Ceftazidime, Lithium, Terbinafine, and can be idiopathic.² EM in association with high fever can be a sign of Kawasaki disease, especially in infants. Mucosal findings occur in 70 % of EM cases.³ Mainstay of treatment is early identification of the cause, management of potential triggers, proper skin care and prompt hydration. Systemic steroids have no role in HAEM, It may reactivate HSV. Systemic

steroids are indicated in drug induced and idiopathic EM. If > 5 episodes / year of HAEM occur, long term oral therapy with acyclovir/famciclovir / valacyclovir can be given, which reduce frequency of recurrence and severity of each episode.⁴ Tab. Acyclovir 400 mg twice daily for 6 months suppress the erythema multiforme in majority of patients. Our patient did not receive acyclovir during their previous episodes and this might be the reason for recurrence.

CONCLUSION

Common cause of recurrent erythema multiforme is herpes simplex virus -1 (HSV-1) infection. Dramatic improvement of EM lesions observed after starting Acyclovir. Recurrence can be prevented by antiviral suppressive therapy.

END NOTE

Author Information

1. Dr. Radhamony, Travancore Medical College Hospital, Kollam
2. Dr. Fathima Noora CP, Travancore Medical College Hospital, Kollam

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