



ERYTHEMA MULTIFORME PATIENT INFORMATION LEAFLET

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?

The name erythema multiforme 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 ('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*) that can be life threatening.

Beyond this, the classification of erythema multiforme is still not finally settled. The Stevens-Johnson syndrome - in which the brunt of the trouble is borne by the moist areas (mucous membranes) inside the mouth, in the genital area, and on the conjunctiva of the eyes – is a good example of this. For a long time it was thought to be a type of erythema multiforme major; but it may really be closer to another serious skin disorder (toxic epidermal necrolysis) in which the skin strips off from large areas of the body.

What causes erythema multiforme?

Erythema multiforme cannot be caught from someone else, but is a reaction that can be triggered by a variety of things, the most common of which are viral infections and medications:

- In children, and in mild erythema multiforme, 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 flares up repeatedly. A chest infection by germs called mycoplasmas is also a common cause.
- Reactions to medications cause most of the severe cases of erythema multiforme. The drugs that do this most often are those used to treat infections - such as sulfonamides, tetracyclines, amoxicillin, and ampicillin. Next come

nonsteroidal anti-inflammatory drugs (given for arthritis) and anticonvulsants (used to treat epilepsy). Many other drugs can occasionally trigger erythema multiforme.

- The most common single cause of erythema multiforme is the herpes simplex (cold sore) virus: but in about half of all cases no one can find the trigger.
- Erythema multiforme occurs most commonly between the ages of 10 and 40.

Is erythema multiforme hereditary?

No.

What are the symptoms of erythema multiforme?

This depends on how bad it is. If you have it mildly, 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; and genital soreness can interfere with passing water. 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 or 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 to 4 weeks, but recurrences are common.

In severe 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, but '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.

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 will take into account exposure to one of the known triggers discussed above. Occasionally it is necessary to remove a small sample of skin under a local anaesthetic to confirm the diagnosis under the microscope.

Can erythema multiforme be cured?

No one can guarantee that erythema multiforme will not come back, particularly if it follows recurrent cold sores. However most patients with erythema multiforme recover completely.

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 attacks* will clear up in a few weeks with simple lotions or corticosteroid applications.
- *Severe attacks* 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 must be controlled. The oozing areas can leak large amounts of fluid and this will be monitored and replaced. A liquid diet may be needed. Antibiotics help if the damaged skin is infected. Short courses of corticosteroid tablets are sometimes given to try to make the rash go away more quickly. An eye specialist should be asked to advise on any problems with the eyes.
- *Recurrent attacks* may be a problem. If they always follow a cold sore, and come up several times a year, it may be worth taking a small daily dose of a drug designed to suppress the herpes simplex virus for several months.

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 earlier attack.
- If your attacks follow cold sores, you may want to ask your doctor about taking antiviral tablets long-term.

Where can I get more information about erythema multiforme?

Web links to detailed leaflets:

www.nlm.nih.gov/medlineplus/ency/article/000851.htm

www.stevensjohnsonsyndrome.com

www.emedicine.com/emerg/topic173.htm

If relevant, look at the herpes simplex patient information leaflet on the B.A.D. website.

(Whilst every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own doctor will be able to advise in greater detail.)

BAD PATIENT INFORMATION LEAFLET PRODUCED AUGUST 2004