ERYTHEMA MULTIFORME, TOXIC EPIDERMAL NECROLYSIS AND HOMOEOPATHY

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ALTERNATE NAMES

EM, Stevens-Johnson Syndrome, Toxic Epidermal Necrolysis, Lyell's Syndrome

DEFINITION

Erythema multiforme (EM) is a skin condition of unknown cause, mediated by deposition of immune complex (mostly IgM) (Psora/ Syphilis) in the superficial microvasculature of the skin and oral mucous membrane that usually follows an infection or drug exposure.

CAUSES

It is a type of hypersensitivity (allergic) (Psora/ Sycosis/ Syphilis) reaction that occurs in response to medications, infections, or illness.

- Medications associated with erythema multiforme include sulphonamides, penicillin, barbiturates, and phenytoin. (Causa occasionalis)
- Associated infections include herpes simplex and mycoplasma infections.

The exact cause is unknown. The disorder is thought to involve damage to the blood vessels of the skin with subsequent damage to skin tissues (Psora/ Syphilis) . Approximately 90% of erythema multiforme cases are associated with herpes simplex or Mycoplasma infections. The syndrome occurs primarily in children and young adults.

Viral upper respiratory tract infections, Mycoplasma pneumonia, pharyngitis and Herpes simplex infection are also reported to cause erythema multiforme. The list of other possible etiologies is extensive, and includes systemic lupus erythematosus, histoplasmosis, pregnancy, malignancy and external-beam radiation. In most series, some cases remain idiopathic. Several authors have postulated an immunologic etiology for erythema multiforme, although no one has been able to demonstrate conclusively the pathogenesis of erythema multiforme.

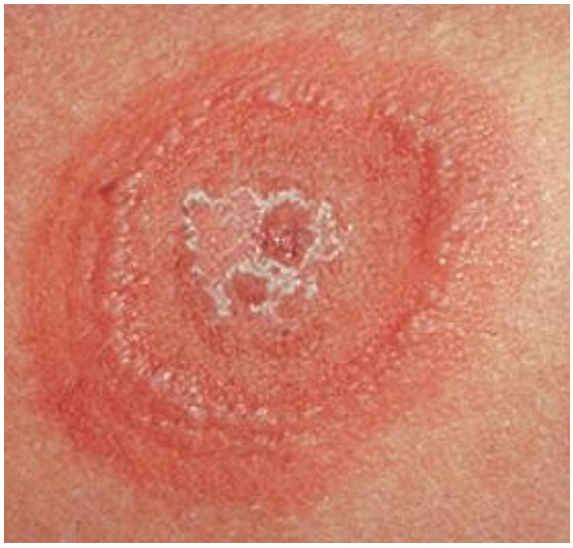
SYMPTOMS

It may present with a classic skin lesion with or without systemic symptoms (Psora++/ Syphilis+). In Stevens-Johnson syndrome, the systemic symptoms are severe and the lesions are extensive, involving multiple body areas (especially the mucous membranes). Toxic epidermal necrolysis (TEN syndrome, or Lyell's syndrome) involves multiple large blisters that coalesce, followed by sloughing of all or most of the skin and mucous membranes (Psora+/ Syphilis++).

SIGNS

SKIN LESION

- Multiple (Psora)
- Sudden onset and may recur (Psora)
- May spread (Psora/ Syphilis)
- May appear as nodule, papule, or macule (Psora/ Syphilis)
- Central lesion surrounded by concentric rings of pallor and redness ("target", "iris", "bull's eye" shape) (Syphilis)



A TYPICAL TARGET SHAPE LESION

- May have vesicles and bullae of various sizes (Psora/ Sycosis/ Syphilis)
- Located on the legs, arms, palms, hands, or feet
- May involve the face or lips
- Trunk is usually not involved

- Usually symmetrical (Psora)
- Itching of the skin may be present (Psora)
- Fever (Psora)
- General ill feeling (Psora)
- Joint aches (Psora)

Additional symptoms that may be-

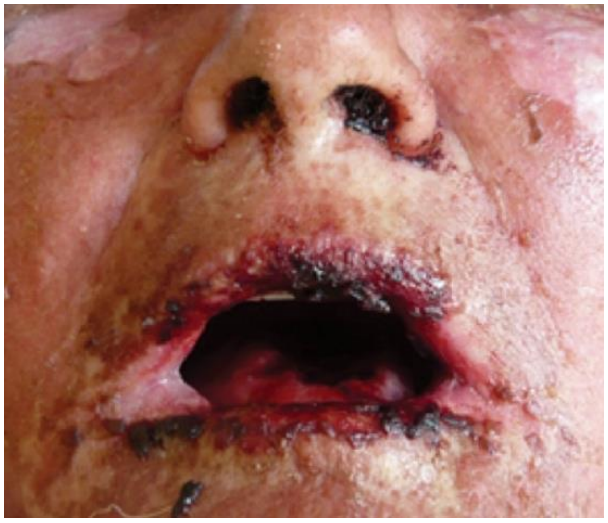
- Vision abnormalities (Psora/Syphilis)
- Dry eyes (Psora/ Sycosis)
- Bloodshot eyes (Psora)
- Eye pain (Psora)
- Eye burning, itching and discharge (Psora/ Sycosis/ Syphilis)
- Mouth sores (Psora/ Syphilis)

STEVENS-JOHNSON SYNDROME

Stevens-Johnson syndrome has similar skin lesions with the additional involvement of no less than two mucous membranes, and fever (Psora). The appearance of the mucosal lesion is erythema and oedema (Psora/ Sycosis), which progresses to erosions and pseudomembrane formation (Syphilis). In addition to the target lesions, there is development of a characteristic maculopapular rash, usually early in the disease (Psora). Prodromal symptoms, such as fever, malaise, and cough are sometimes reported as a feature, and they usually occur seven to ten days prior to full-blown exhibition (Psora). The majority of cases of erythema multiforme and Stevens-Johnson syndrome are between ages 20 and 40, and 20% of cases occur in children and adolescents. The mortality of Stevens-Johnson syndrome is reported as 3 to 19%.

TOXIC EPIDERMAL NECROLYSIS (TEN)

It is distinguished by larger body surface area involvement, and the development of bullae (Psora/ Sycosis/ Syphilis). The epidermis of the skin peels off in sheets greater than 3 cm, and the skin becomes tender within 48 hours (Syphilis). TEN should be distinguished from staphylococcal scalded skin syndrome. Some permanent sequelae, most of which are ocular, or permanent skin pigmentary changes are seen. The most common cause of death is sepsis, mostly from Staphy aureus or Pseudomonas aeruginosa infections. The mortality rate is 30% to 70%.



NECROLYSIS OF MUCOSA AND SKIN IN TEN

DIFFERENTIAL DIAGNOSIS

- Kawasaki's disease
- Behcet's syndrome
- Small-vessel vasculitis syndromes
- Lupus erythematosus, pemphigus
- Pemphigoid, epidermolysis bullosa
- Dermatitis herpetiformis.

DIAGNOSIS

The diagnostic criteria for erythema multiforme (EM) is individual "target" skin lesions less than 3 cm in diameter, less than 20% of body surface area involved, with minimal mucous membrane involvement, and biopsy compatible with EM. The cutaneous lesions are typically symmetric, and involve the extremities, with the dorsal hands and extensor aspects most commonly involved.

It is primarily based on the appearance of the skin lesion and its typical symmetrical distribution, especially if there is a history of risk factors or associated diseases.

There may be a positive Nikolsky's sign. (The sign is positive when slight rubbing of the skin results in exfoliation of the outermost layer, forming a blister within minutes.)

A skin lesion biopsy and microscopic examination may be helpful to differentiate erythema multiforme from other disorders. Erythema multiforme may show tissue death and other changes. Microscopic examination of the tissue may also show antibody deposits.

TREATMENT

Treatment includes control of the underlying causes or illnesses, treatment of the symptoms, and prevention of infection. Suspected medications should be discontinued.

PROGNOSIS

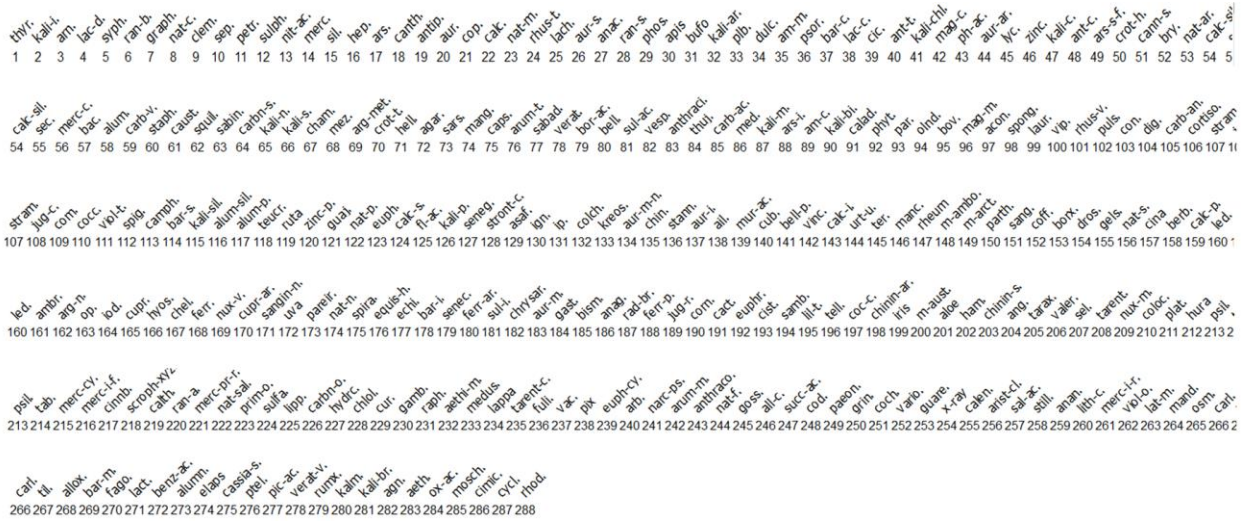
Mild forms of erythema multiforme usually resolve without difficulty in 2 to 6 weeks, but they may recur. More severe forms may be difficult to treat. Stevens-Johnson syndrome and toxic epidermal necrolysis are associated with high death rates.

COMPLICATIONS

- Permanent skin damage and scarring
- Endorgans inflammation- Pneumonitis, Myocarditis, Nephritis, Hepatitis
- Secondary skin infection (cellulitis)
- Systemic infection, sepsis
- Loss of body fluids, shock

HOMOEOPATHIC TREATMENT

Remedies in decreasing order of indication in EN.



Here, we see that skin manifestations of Thyroidinum, Kali iod, Arnica, Lac def, Syphilinum, Rannunculus bulbosus, Graphites, Nat carb, Clemetis, Sepia and many more given above are similar to those of Erythema multiforme. After addition of constitutional symptoms, the correct choice of remedy can be easily made for a perfact and sure cure.

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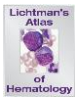
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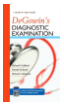 *Chapter 6. The Skin and Nails > Key Syndrome Erythema Multiforme DeGowin's Diagnostic Examination, 9e*

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