

VAQ 2011.2.8 (Photo)

A 25 year old man presents to the emergency department with a three day history of spreading rash and painful oral lesions. He has the following observations:

| | | | |
|---------------------------|--------|------|--------------|
| HR | 90 | /min | |
| BP | 110/60 | mmHg | |
| RR | 15 | /min | |
| O ₂ Saturation | 97 | % | on room air. |



a. Describe and interpret his photographs (100%)

These photographs show an ulcerating rash affecting the skin of the arms and the oral mucosa. Target lesions are well demonstrated on the arms with haemorrhagic centres. This would be consistent with erythema multiforme major or Stevens-Johnson syndrome, part of a spectrum of disease from mild erythema multiforme to life threatening toxic epidermal necrolysis. This is caused by a variety of insults including drug reactions, infection, systemic disease and idiopathic.

Photographs

dorsum of forearms and hands
mouth and perioral region

Findings

oral mucosal lesions

discrete lesions with areas of coalescence particularly on the lower lip
haemorrhagic areas particularly centrally with loss of epithelial integrity (or blistering)
small shallow lesion on right nasolabial fold may be related or independent

arm lesions

multiple discrete erythematous lesions seen on forearm skin
symmetrical, although predominantly affect right arm
approx 1cm diameter

target lesions

central haemorrhagic area 2-3mm

additional

IV cannula and IV fluid
co-operative patient with adequate skin perfusion
22h24m at night according to patient's wristwatch.
Dressing in left ACF likely from phlebotomy of IV cannula

Interpretation

Target lesions

most likely erythema multiforme spectrum

EM minor -> major -> SJS -> TEN

SJS – expect multiple mucosal involvement

TEN – expect systemic illness (normal obs against this), extensive skin involvement and loss

caused by

drug reaction

antibiotic – penicillin, sulphonamides

anticonvulsant – carbamazepine

NSAIDs
infection
viral
Idiopathic

Less likely multiple independent lesions on arms (does not support oral findings)
folliculitis
insect bites and reaction – mosquito, bedbugs
Vasculitis

In context of target lesions and single mucosal involvement, EM major most likely
alternative causes of lesions (suggest at least one other plausible cause)
autoimmune
pemphigus (expect large blisters)
infection
viral
herpes gingivostomatitis
Hand-foot-mouth
drug use
drug side effect
recreational drug use / lifestyle
chronic methamphetamine abuse