



Major Erythema Multiforme in a Pediatric Patient: A Case Presentation



R.Jarjoura-Shoukair¹, T.Shani¹, Z. Awadieh¹, S.Srouji², I. Granot¹

¹ Oral Medicine Unit, Oral and Maxillofacial Surgery Department, Galilee Medical Center, Nahariya, Israel

² Oral and Maxillofacial Surgery Department, Galilee Medical Center, Nahariya, Israel

OBJECTIVE: To present a challenging case of major Erythema Multiforme (EM) in a 6 years old healthy child.

BACKGROUND: EM is an immune mediated, self limited mucocutaneous disorder, characterized by the appearance of distinctive target-like lesions on the skin, that can be accompanied by mucosal erosions involving the oral, genital, and ocular mucosae.

The diagnosis of EM might be challenging because of various causative factors involved in the pathogenesis. While medications are considered to be inducible factors, infections, both viral and bacterial, are still the major causes of EM.

CASE PRESENTATION: A 6 years old boy arrived at the emergency room accompanied by his parents, complaining of fever and oral ulcers. No medications were taken. Patient presented systemic fever, swollen lips, necrotic ulcers with purulent discharge on the lips, tongue and throat, and dysphagia. Differential diagnoses (DD) included Primary Herpetic Gingivostomatitis and aphthous stomatitis. One day after his hospitalization, the patient developed targetoid lesions on his extremities, redirecting us to consider Erythema Multiforme in the DD. PCR for HSV, CMV, EBV, Varicella Zoster, Enterovirus, Coxsackie and culture for mycoplasma pneumonia- were all negative. Multidisciplinary consultation was carried out, involving dermatologist, ophthalmologist, ENT in addition to oral medicine specialist. Viral conjunctivitis was diagnosed and treated with Maxitrol and Oflox. A skin biopsy was taken and a diagnosis of EM was established. The patient was treated with IV fluids, hydrocortisone, topical Mupricin and Biafene for skin lesions, chlorhexidine mouthwashes and Dermacombin ointment for lip ulcers to prevent secondary infection. Overall status improved and the patient was released six days after determining the final diagnosis.



CONCLUSIONS:

Oral ulcers and systemic fever may be the first symptoms in EM, therefore it should be considered as DD when a patient presents a herpetic gingivostomatitis - like illness. EM is a rare immune mediated reaction that presents serious illness for patients. Often it is easily recognizable but it may also constitute a diagnostic challenge for professionals.