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A lost cause after a right search

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Background & Aim: A 36-year-old man, who does not report any toxic habits, nor other relevant history. He denies taking drugs. He came to the health center for edema and painful skin lesions in lower limbs about a week ago. It began in the posterior left ankle, then extending to the right knee and right foot, associated with fever and joint pain. Physical examination: 37,0°, high blood pressure 110/60 mmHg, heart rate of 60 beats per minute, normal cardiopulmonary auscultation. Erythematous skin lesions similar to nodules, which are painful when they are palpated, located in the pretibial surface of both legs.

Method: X-ray was normal. Blood general analysis, serology and autoimmunity study were normal. Mantoux test was negative. Biopsy: septal panniculitis without vasculitis.

Results: Diagnosis: idiopathic erythema nodosum Differential diagnostic: superficial thrombophlebitis, non-specific panniculitis, erysipela.

Conclusions: Erythema nodosum has a limited and benign prognosis with a cure that doesn't have consequences. On one hand, our work includes making the diagnosis and on the other hand, to search for the etiology of erythema nodosum because it may be multiple. Therefore, it is important to make an early diagnosis in primary care. Most often the cause is idiopathic, as this clinical case. It prevails in women between fifteen and thirty years old, in winter and the beginning of spring. In most cases it is not necessary to do a biopsy of the lesion for diagnosis, but it is the most reliable method.