

PS2.235

Erythema multiforme, a diagnostic challenge

David Rodrigues(1), M Lopes(1), S Grilo Lourenço (1), T Pereira Leite(2), R Ramalho(3), H Canilha(3)

(1) ARS Alentejo, Évora, Portugal

(2) USF Alcáides, ARS Alentejo, Montemor-O-Novo, Portugal

(3) UCSP Beja, ARS Alentejo, Beja, Portugal

Corresponding author: Dr David Rodrigues, Centro de Saúde Evora, USF Planície, Evora, Portugal. E-mail: rodrigues.tomaz@gmail.com

Background: Erythema Multiforme is an acute skin and/or mucosal disease, that is considered to be an hypersensitivity reaction associated with medications, infections (most cases related to herpes simplex vírus infection) or idiopathic. It is characterized by target form lesions accompanied by sintoms of pruritus and fever.

Methods: Clinical case of a 34 years old pregnant woman, previously healthy, with Erythema Multiforme.

Results: Female, 34 years old, caucasian, teacher. Set in a nuclear family in fase II of Duval cycle. Thirty weeks pregnant of her second son. Medicated with with Folicil and Yodafar since the beginning of her pregnancy. Without personal history of relief.

On 2015, October 30th, she seeks her doctor by na eritematous skin lesions, localized on her lower members associated with pruritus. She was medicated with atarax.

On 2015, Novembe 4th, due to worsening of symptoms she was referenciaded to dermatologist. Had spread of macular/papular exanthema, with multiple, confluent, target-like papules, predominantly on the dorsal side of hands and thighs. The pruritus didn't relief with atarax. She stoped Yodafar.

The laboratory tests shows negative serologies for hepatitis, histoplasmosis, EBV, HSV and mycoplasma. The biopsy reveal "Inflammation characterized by perivascular mononuclear infiltrate, edema of the upper dermis; apoptosis of keratinocytes with focal epidermal necrosis and subepidermal bulla formation."

She started oral corticoterapy, with clinical improvement in four days, with macular and papular target-like lesions less erythematous, with centrifugal desquamation. Without pruritus. Complete healing two weeks after start treatment.

Conclusons: There are multyples causes of pruriginous erythemas in pregnant women. The family's doctor must be alert to etiologies of cutaneous erythemas and for the diagnosis hypothesis of Erythema Multiforme.

