

A CASE OF ERYTHEMA EXUDATIVUM MULTIFORME - IDIOPATHIC FORM - TREATMENT PROBLEMS

Asya Krasteva, Evgeniy Aleksiev, Tzveteliva Gocheva, Angelina Kisselova
*Department of Imaging and Oral Diagnostic,
Faculty of Dental Medicine, Medical University of Sofia, Bulgaria*

SUMMARY:

An idiopathic form of erythema exudativum multiforme, characterized by atypical localization and lack of skin manifestation at the moment of the clinical exam, was found. It was diagnosed rather late, after two biopsies of the skin and one of the oral lesion.

The authors would like to accentuate the problems of treatment of idiopathic forms their search for new solutions.

Key words: erythema exudativum multiforme, idiopathic form, treatment problems

CLINICAL CASE:

1. a 28 years old woman
2. history:
 - preceding surgical intervention due to benign tumor in the cranial cavity
 - current complaints:
 - a. erythema spots on the skin
 - b. Chronic recurrent lesions in the mouth and lips (every 30-40 days) – for the past two years
 - c. joint swelling and joint pain
 - d. the patient relates the start of this disease to a course of chemical teeth whitening

OBJECTIVE:



· Small rash, facial erythema
· At the first meeting - only oral findings, without affecting the lips

Pending the review:

1. two skin biopsies - unanswered
2. discussed diagnoses - lupus or erythema
3. oral lesions – therapy failure - Elokem, Aciclovir
- taken for a short period of time removed the lesions, but the effect was temporary.

Questions:

1. Why do we present a simple case?
The suffering patient, who was not diagnosed and treated properly, met a team of dental medics, after a series of unsuccessful consultations.

The role of dental medics in such cases:

1. To urge a biopsy of the oral cavity - to assist diagnosis
2. Should dental medics assign treatment? – only for the oral manifestations
3. Follow up of the patient

What was done: :

4. biopsy from the lip lesions and oral mucosa
5. focal diagnostics, including. epi test for dental materials and pathogalvanism test
6. bacteriological examination of whole saliva and throat swabs - searching for candida, staphylococci and streptococci

7. complete blood count and virology - herpes simplex virus (HSV)

Diagnosis:

1. Oral biopsy - indicated erythema
2. revised skin biopsy - indicated erythema
3. high IgM HSV

The diagnosis is not enough!

· Patient recommendations :

1. Mouth bath with KMnO4 1:10 000 - for antiseptic effect
2. Dentinox gel -analgesic effect - contains chamomile, glycerin and lidocaine
3. Aciclovir – for a long period - six months
4. Izoprinozin – Immunomodulator - 3x2 tablets/ daily-5 days - from the beginning of each attack
5. Lokoid topical cream
6. Tubotsin - three months, 300 mg per day - capsules - discussed in a positive outcome for staphylococci

Now why the patient did not receive better care?

Due to lack of patience;

· Lack of results from the biopsies;
· Lack of blood test and HSV-tests
· Short-term treatment with Aciclovir and Izoprinozin for only 5 days.

Until now the patient has been in remission for the past 95 days.

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Address for correspondence:

Assya Krasteva, DM
Department Imaging and oral diagnostic, Faculty of Dental medicine - Sofia 1, G. Sofiyski Str., 1000 Sofia, Bulgaria
e-mail: asykrasteva@abv.bg