



## Clinical Features of Erythema Multiforme: Awareness

Xin Zeng\*

Department of Oral Medicine, University of Sichuan, China

### INTRODUCTION

Erythema, abnormal redness of the skin. Increased blood flow through them gives the skin a reddish tint. Erythema can arise from a variety of causes and medical conditions [1]. Erythema is transient erythema. From a medical point of view, the two most important forms of erythema are erythema multiforme and erythema nodosum. Erythema multiforme is characterized by the sudden onset of red or purple flat spots, wheals, papules (small, hard bumps), and bullae (bulbs), the characteristic lesions often having concentric or focal patterns. I have. The skin of the palms and mucous membranes, especially the mouth and eyelids, are often affected [2]. Erythema multiforme is thought to be a complex condition secondary to a wide variety of underlying conditions.

### DESCRIPTION

It can be severe and life-threatening. If mild, outbreaks tend to recur. Successful treatment depends on the use of corticosteroid hormones. Erythema multiforme is a skin condition that presents with red patches that develop into target lesions, typically on both hands. It is a form of erythema mediated by the deposition of immune complexes (predominantly IgM binding complexes) in superficial microvessels of the skin and oral mucosa, usually after infection or drug exposure. This is a rare disease that peaks in the 20s and 30s after birth. During the first few days, fever and general malaise may precede and/or accompany the rash. Sometimes there is even joint pain and joint swelling. Clinically, the typical lesion of EM is the target lesion, which he describes as a regularly rounded lesion with three concentric circles and well-defined borders. The peripheral ring is erythematous and sometimes microvesicular. The central region is often clear, edematous, and palpable, and the central region is erythematous and covered with blisters [3]. These different aspects give rise to different stages of lesion development. The lesions are less than 3 cm and are mainly located at the tip. They are symmetrical in the elongated planes of the palms and backs of the hands, feet, and limbs. The torso is often

omitted, but the face and ears can be reached. Some patients are not itchy but have a burning sensation. Mucous membrane lesions are common and primarily located in the mouth, but can also be found on the genital and ocular mucosa [4]. They are blisters at first but quickly turn into painful sores. A thick, hemorrhagic crust may cover the lip lesions, and fibrinous white plaques may cover mucosal erosions on the cheeks, palate, and genitals. These mucosal lesions most often occur simultaneously with skin lesions but may be delayed several days before or after the targets erupt. Skin lesions are painless, but mucosal lesions are often painful. Accompanied. Pulmonary symptoms such as coughing and shortness of breath may also occur. They represent respiratory attacks and are most often associated with the initiation of infection with EM (mainly due to *Mycoplasma pneumoniae*).

### CONCLUSION

Some patients may become dehydrated if extensive skin lesions develop. Others with mucosal involvement may lose weight due to difficulty eating. Treatment of erythema multiforme depends on the subtype. EM minor usually goes away on its own, but if symptoms persist, your doctor may recommend topical steroids. If you have minor recurrences of EM due to suspected herpes flare-ups, your doctor may prescribe antiviral drugs such as acyclovir or valacyclovir. The presence of EM can also be a sign of a more serious condition or a weakened immune system. When your doctor sees you, he may recommend additional tests. People diagnosed with EM major may need more care. With the exception of steroids, eye drops, and mouthwashes containing local anesthetics, you may need to be admitted to the hospital for IV drips.

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### CONFLICT OF INTEREST

Author declares that there is no conflict of interest.

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**Corresponding author** Xin Zeng, Department of Oral Medicine, University of Sichuan, China, E-mail: xin@163.com

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