

# Herpes Associated Oral Erythema Multiforme: A Less Recognized Variant



**Introduction:** Herpes associated erythema multiforme is an acute exudative dermatic and mucosal disease caused by herpes simplex virus. The disease is more common in males than females. 20% of overall cases occur in children.

## Case Description

**C/C:** 8-year-old female child presented at pediatric emergency with:

- Lesion in upper and lower lips for 10 days
- Redness and swelling of gums for 7 days
- Associate with pain, Not able to feed for 5 days

**O/E:** Crusting with bleeding in upper and lower lips. Multiple ulcers with irregular margin with erythematous halo present on lips, tongue and palate, with sparse involvement of perioral area.

## Differential Diagnosis

- Primary Herpetic Gingivostomatitis
- Erythema Multiforme
- Oral Pemphigus
- Paraneoplastic pemphigoid
- Mucous membrane pemphigoid

## Investigation Findings

- Hb: 10.4 gm/dl
- TLC: 7200 cell/mm
- DLC : N-68%, L- 20%, M-12%
- Platelet count: 310000
- Serology : negative
- Na: 131MMOL/L
- K: 4 MMOL/L
- ELISA: HSV-1, IgM serum : 1.64
- HSV-1, IgG serum : 42.20

## Final Diagnosis

**Herpes Associated Erythema Multiforme**

## Discussion

- EM can be classified as Major and Minor form based on the involvement of skin and mucous membrane. Our case was diagnosed as Minor form of EM.
- Herpes is associated with 70-90 % of EM, our case was also associated with preceded HSV infection.
- EM is managed with multiple group of medications based on its severity. Our patient was managed with systemic antibiotics, antiviral drugs, topical corticosteroids and analgesics.

## Conclusion

- Detailed patient history and thorough clinical examination are the keystone to EM diagnosis.
- Palliative cure with proper medicament led to uneventful healing in this case.
- Regular follow-up for reoccurrence and need for long term low dose antiviral therapy should be consider.

## First visit (Fourth day of admission)



## Prescribed Medications

**First 4 days-** Inj. Ceftriaxone 750mg BD ,Inj. Acyclovir 150mg TDS, Inj. Aciloc® 20 mg BD, Quadrajel® TDS, Betadine gargle QID

**After 4th day -** Oint. CHX -0.5mg- TOP -5 days, MW. CHX 0.2%- 5ml- 5 days, Gel. Oroheal®- QID- 2weeks, Gel. Lidocup® QID- 2 weeks, Tab. Betnisol® - 0.5mg-crush swiss and spit -BD- 7 days

## Second visit (Seventh Ward Day)



## Third visit (10<sup>th</sup> Ward Day)



## Fourth Visit (15<sup>th</sup> day) -Discharged



## Fifth visit- After one month F/U



## Sixth visit- After Six month F/U



## References

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