

26- Figurate Erythemas

Erythema Annulare Centrifigum (EAC)

Background:

- **Triggers:**
 - o Infections (e.g. tinea)
 - o Medications (e.g. HCTZ, amitriptyline)
 - o Foods (e.g. blue cheese)
 - o Autoimmune conditions
 - o Cancer (rarely)

Clinical Presentation:

- **Erythematous annular lesions** on the **trunk** or **proximal extremities** that **slowly progress** ~ **2-3 mm/day**
- Classic **“trailing scale”** (like PR)
- Solitary or disseminated
- May itch

Histology:

- **Parakeratosis, spongiosis, and cuffing/coatsleeve perivascular infiltrate**

Treatment:

- **Address Triggers**
- Topical **steroid** or Calcineurin inhibitors
- UV tx or oral erythromycin

Erythema Gydatum Repens (EGR)

Background:

- **Paraneoplastic Syndrome:** Associated with internal cancer in 85% of cases
 - o Majority of rashes occurs ~ **1 year prior** to discovery of **malignancy**
 - o **Lung Cancer** most common (Breast/GI Cx also seen)
- 50% of pts have peripheral eosinophilia

Clinical Presentation:

- Multiple erythematous **polycyclic rings** w/ **wood grain** appearance
- Trailing scale
- **Develop rapidly + diffuse** ~ **1cm/day**

Treatment

- **Find & treat malignancy** □ rash **resolves**

Erythema Migrans

Background:

- Caused by spirochete, **Borrelia burgdorferi**, which is carried by deer tick, **Ixodes scapularis**
- Rash seen in **Lyme disease**
- Tick has to be attached **>24hrs** for **transmission** of Borrelia
 - o 1-3% transmission rate

Clinical Presentation:

- **Erythematous, enlarging targetoid lesion**
 - o Appears a **few days – 1 month** after **initial bite**
 - o Typically on **torso**, but can have 2^o lesions due to spread of spirochete vs additional bites
- **Flu-like sx** @ onset
- **Untreated** □ **systemic dz**
 - o Severe arthralgias (60%)
 - o Bell's Palsy (10%)
 - o Cardiac - AV Block (5%)

Diagnosis:

- H&P
- ELISA + Western Blot: pt w/out hx of bite or rash but sx of Lyme dz

Treatment:

- **Prophylaxis: Single dose 200 mg doxycycline** if,
 - o Attached tick = Ixodes scapularis
 - o Attached > 36 hrs
 - o Med can be started w/in 72 hrs of removal
- **Removal:** grasped w/ forceps as close to the skin surface and pull gently w/out twisting or puncturing the body of the tick
- **Erythema migrans: doxycycline 100 mg BID 2-3 weeks**
 - o Allergy or Pregnant: amoxicillin 500mg q8 hrs 2-3 weeks

Erythema Marginatum

Background:

- **Rash** seen w/in **2-5 weeks following untreated Strep throat or Group A strep skin infections**
- JONES Criteria – Rheumatic Fever

PEARL: Can you name the **major & minor Jones Criteria?**

Major: Joint arthropathy, Carditis, subcutaneous Nodules, Erythema marginatum, Sydenham's chorea

Minor: Arthralgias, fevers, elevated ESR/C-reactive protein, prolonged PR interval

Clinical Presentation:

- **Erythematous macules** and **patches** in an **annular** or **polycyclic arrangement** on **trunk & proximal extremities**
- **Progress ~ 2-12 mm/day**

Diagnosis:

- **CBC, ASO-titer, ESR, CRP**
- **Cardiac Work-up (ECG, Echo)**

Treatment

- **Antibiotics:** Penicillins, Cephalosporins, Azithromycin, Clarithromycin, or Clindamycin
- **Anti-inflammatory:** Naproxen
- **Cardiology + Neurology** consult