

ERYTHEMA NODOSUM

Erythema nodosum

- Inflammatory disorder of the subcutaneous adipose tissue.

- Idiopathic 30%.
- Streptococcal infections (often URTI) 10-30%.
- Infective e.g. gastrointestinal infections, Mycoplasma.
- Sarcoid.
- Pill, pregnancy.
- Medications.
- Rheumatological and autoimmune conditions.
- IBD.
- Malignancy (usually haematological).

- Penicillin.
- Sulphonamides.
- Hepatitis B vaccine.
- Isotretinoin.
- SSRI.

Disclaimer:
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References:
1. PCDS.org.uk
2. Dr George Moncleuf, webinar Feb 2021

Images from Primary care dermatology society website pcds.org.uk

Symptoms

- Painful erythematous warm nodules (1-5cm) on anterior legs but can occur at other sites.
- Sometimes better palpated than seen.
- Becomes purple then fade like a bruise.
- Last 3-6/52.
- New crops arise over several weeks.
- Usually no other symptoms but some have fever, malaise and arthralgia.

- Joint symptoms may persist for months afterwards but will resolve.

Investigations

- Clinical diagnosis so rarely need biopsy (if atypical).
- Throat swab and ASO titre for streptococcus.
- FBC.
- CRP.
- Serum ACE levels (sarcoidosis).
- CXR (TB and sarcoidosis).
- Other tests depending on suspected aetiology.

Management

Conservative

- Usually self resolves.
- Bed rest if very painful.
- NSAID's.

if fails

Other treatment

- If more prolonged/symptomatic:
- Corticosteroids: can be used intralesionally or short courses given systemically. However corticosteroids must not be used if there is suspicion of TB.
- Systemic tetracyclines (for their anti-inflammatory effect).
- Potassium iodide 360-900 mg/day.
- Colchicine.

if fails

Refer to dermatology

