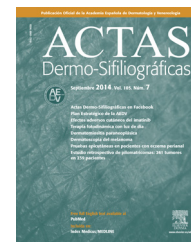




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E-CASE REPORT

Urticaria Multiforme: A Report of 5 Cases and a Review of the Literature[☆]



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KEYWORDS

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PALABRAS CLAVE

Urticaria;
Niño;
Eritema multiforme

Abstract Urticaria multiforme is a cutaneous disorder that affects infants and small children. It is characterized by large, annular urticarial plaques with a violaceous center and is frequently accompanied by fever. Urticaria multiforme follows a benign, self-limiting course, but the striking appearance of the lesions can cause alarm and considerable anxiety among parents.

We present 5 cases of urticaria multiforme seen in our hospital over a period of 18 months. All the cases were preceded by an infection of the upper airways or otitis, and they were all empirically with amoxicillin. It is important to be familiar with this condition to reassure parents and avoid unnecessary hospital admissions and tests.

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Cinco casos de urticaria multiforme y revisión de la literatura

Resumen La urticaria multiforme es un cuadro cutáneo, propio de lactantes y niños pequeños, caracterizado por la aparición de grandes placas anulares urticariformes de centro violáceo frecuentemente asociado a un proceso febril. Tiene un curso benigno y autolimitado, pero el llamativo aspecto de las lesiones puede ser alarmante y generar gran ansiedad en los padres.

Presentamos 5 casos de urticaria multiforme vistos en nuestro hospital a lo largo de 18 meses. El antecedente común a todos ellos fue una infección de vías respiratorias altas u otitis por la que fueron tratados empíricamente con amoxicilina. Es importante saber reconocer esta entidad para tranquilizar a los padres, ahorrar el ingreso hospitalario y evitar la realización de pruebas diagnósticas innecesarias.

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Introduction

Urticaria multiforme (UM) is a benign, self-resolving cutaneous disorder that affects children between 4 months and 4 years of age. It is characterized by the appearance of large annular and archiform erythematous plaques with a violaceous center and is very frequently accompanied by fever.

Case Descriptions

We present 5 cases of UM seen in our hospital between December 2012 and June 2013. Case data are summarized in Table 1. The patients—4 boys and 1 girl between the ages of 8 and 22 months—were brought to our emergency department following the appearance of extensive urticarial lesions on the face, trunk, and limbs. The lesions had a violaceous center and were associated with edema of the hands and feet (Figs. 1 and 2). Despite the striking clinical appearance of the skin, the patients were in good general health. Fever was a variable finding. The mean duration of the skin lesions was 5 days, during which time oral antihistamines or corticosteroids were administered to alleviate the lesions, but new lesions continued to appear. The first 2 patients seen were admitted to the hospital, whereas the last 3 only required ambulatory follow-up. All patients had received oral amoxicillin during the course of the disease or shortly before the skin lesions appeared; 3 underwent amoxicillin allergy tests, with negative results.

Discussion

UM is an acute skin disorder that typically affects infants and very small children and tends to be accompanied by fever

and good general health. The typical lesions are initially small urticarial lesions that spread outward and coalesce into large archiform plaques with polycyclic borders and a violaceous center. The individual lesions have a duration of less than 24 hours, can affect any part of the body, and tend to be associated with edema of the face, hands, and feet. The lesions disappear spontaneously in 6 to 10 days without leaving any residual pigmentation.

UM was first described in 1997 by Tamayo-Sánchez et al.,¹ who observed 34 patients with a rash that they called acute annular urticaria and which they proposed differentiating from acute urticaria. Ten years later, Shah et al.² reported a new series of 19 cases and proposed the term *urticaria multiforme* because of the similarity of the entity to erythema multiforme. Unlike Tamayo-Sánchez et al., Shah et al. considered the disorder to be a subtype of urticaria because they found that the patients presented dermographism and pruritus, whereas Tamayo-Sánchez et al. had doubted whether pruritus was present because they did not find scratch lesions on any of their patients.

The clinical diagnostic criteria that both authors agree on are as follows:

- Large annular plaques with a transient ecchymotic center.
- Individual lesions with a duration of less than 24 hours.
- Associated episode of fever.
- Total duration of disease: less than 10 days.
- Edema of the limbs.

The etiology of UM is unknown. In the few reported cases in which the infectious agent was investigated, micoplasm,^{2,3} adenovirus,² *Streptococcus* organisms,² herpes virus 6,⁴ and the Epstein-Barr virus⁵ were detected.

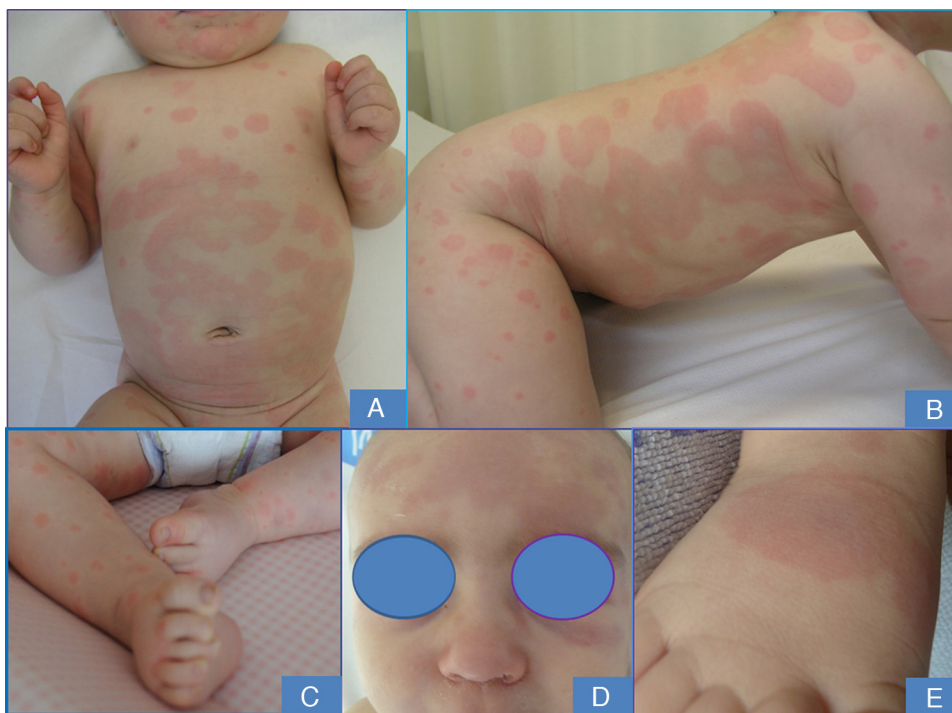


Figure 1 Coalescing annular and archiform plaques with a violaceous center on the trunk (A and B), face (D), and limbs (C and E).

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