

## ERYTHEMA EXUDATIVUM MULTIFORME

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**Abstract:** *Erythema multiforme is an acute disease characterized by the appearance of polymorphic rashes on the skin and mucous membranes, which occur mainly in the spring and autumn seasons, cyclically (periodically). In addition to the classical type of erythema multiforme, rashes similar to it, observed in response to drugs and in some infectious diseases, are also called erythema multiforme. Therefore, 2 types of erythema multiforme are distinguished: infectious-allergic and toxicoallergic.*

*This article will provide you with the skills and knowledge to understand the causes of erythema exudativum and its treatment.*

**Keywords:** *Rashes, oral mucosa, red border of the lip, pulpitis, prednisolone*

Erythema multiforme occurs mainly in young and middle-aged people, in both sexes. The infectious-allergic type of exudative erythema multiforme usually begins acutely, with headache, weakness, often pain in the throat, joints and muscles, and after 1-2 days a rash appears on the skin, oral mucosa, lips, and jaws for several days. The rash can appear only on the mucous membranes. The oral mucosa is injured in one third of patients, and this is observed in only 5% of patients. After the rash has passed, general changes disappear after 2-5 days, fever, and weakness may persist for 2-3 weeks. Swollen, well-defined spots or flat, pink-reddish nodules form on the skin. They grow quickly, reaching the size of 2-3 pennies. The center of the rash is sunken and acquires a bluish tint, while the surrounding area remains pinkish-red. The rash may develop into a blister in the center, containing serous fluid and resembling a fish eye, sometimes containing bloody fluid.

The most common areas of rash are the surface of the hands and feet, the outer surface of the wrists, knees, knee joints, elbows, palms and soles, and the skin of the genitals.

The clinical picture of exudative erythema on the oral mucosa is monotonous compared to its appearance on the skin, but its course is more severe, and the subjective sensation is stronger.

The rash occurs mainly on the red border of the lips, mucous membrane, uvula, and palate. There is a vaguely limited or diffuse edematous erythema, and after 1-2 days, blisters appear on the surface of this area, which persist for 2-3 days, burst, and



painful erosions appear in their place. The foci of erosion merge, forming large erosions, which in some cases cover the oral mucosa and the surface of the lips. Erosions are covered with a yellowish-brown coating and bleed easily when moved. Nikolsky's symptom is negative. Bloody plaques of varying thickness form on the erosion surfaces of the lips, which interfere with opening the mouth. As a result of secondary infection, the plaques acquire a brown color.

Due to the presence of scattered white lesions of the mouth, severe pain occurs, abundant discharge from the erosion surfaces, increased salivation, speech and even liquid food intake cease due to the inability to open the mouth, as a result of which the patient loses weight and becomes weak. Poor oral hygiene, carious teeth, periodontitis lead to a severe course of this disease. After 10-15 days, the skin rash begins to disappear, and by 15-25 days it completely disappears. The disappearance of the rash on the oral mucosa is observed after 4-6 weeks. Relapses are characteristic of exudative erythema. Relapses are observed mainly in the spring and autumn seasons. In some cases, the recurrence of rashes occurs almost continuously, lasting for months and even years. The toxicallergic type of exudative erythema multiforme is practically no different in appearance from the infectious-allergic type. Rashes can be diffuse or localized (fixed). In the diffuse type, the oral mucosa is almost always injured. As a result of relapses, rashes are observed in the areas where they were previously observed, while rashes can also spread to other areas of the skin. Rashes on the oral mucosa are more localized, which is a consequence of increased sensitivity to drugs. Often, blisters form on the surfaces of the mucous membranes that have not changed in appearance, and the erosions that appear after them slowly resolve. In some cases, inflammation is observed after the blisters burst. The localized form of the disease is accompanied by lesions of the oral mucosa and lesions of the genital and anal areas. In treatment. Each patient with exudative erythema should be examined for the presence of secondary infection, first of all, the maxillofacial area is examined. For the treatment to be effective, the general health of the patient must be improved, and first of all, focal foci of infection must be eliminated. In mild cases, sodium salicylate is prescribed 1 tablet 4 times a day, vitamins of group B, vitamin C, calcium preparations. In more severe cases, broad-spectrum antibiotics and prednisolone 20-30 ml per day are prescribed, depending on the condition of the disease. This amount of medication is prescribed for 5-7 days, then the amount of prednisolone is reduced by 1 tablet every 2-3 days. The wound of the oral mucosa is washed with local light disinfectants (1:8000 potassium permanganate solution, 2% boric acid solution, etc.). Before eating, the mouth is rinsed with a 0.25% solution of novocaine. The sores on

the red border of the lips are treated with bactericidal ointments. After the sores have disappeared, it is advisable to use corticosteroid and bactericidal ointments (hyoxysone, lorinden-C, dermazolon, etc.).

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