

Recurrent erythema multiforme in a child

A 6-year-old boy presented in September 1999 with a 2-day history of vesicular lesions on his oral mucosa and lips (Fig 1a), palms, and soles. Physical examination of the patient revealed a target lesion on the right wrist (Fig 1b). These features were compatible with erythema multiforme (EM) secondary to herpes labialis. The lesions resolved after the administration of oral acyclovir. The lesions, however, relapsed 10 weeks later.

Herpes-associated EM is a well-defined entity. Recurrences, however, are not always preceded by herpetic eruptions, and the virus may sometimes not be successfully isolated. The detection of herpes simplex virus DNA by polymerase chain reaction analysis significantly enhances diagnostic sensitivity.^{1,2} The lesions usually resolve uneventfully. Prophylactic antiviral therapy such as acyclovir has been shown to reduce the rate of recurrence.^{3,4} Precipitating factors such as sunlight, stress, fatigue, and trauma should be avoided.

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Fig 1. Lesions in a child with erythema multiforme
(1a) ruptured vesicles on the lips; and (1b) blisters on the right palm and target lesion on the wrist