



Erythemas and urticaria
Prof.Dr .Khalil Al hamdi

Erythemas and urticaria:

Erythema : redness of the skin caused by Vasodil. of sup. Cut. Bl. Vess. In response to Ag stimuli



Localized

palmar erth .

Generalized

Morbiliform scarletiform

toxic erythema

Erythema multiforme

Erythema multiforme :

what is it ?

The multiformity in its broadest form is the characteristic feature

Predisposing factors :

H.S = $\frac{1}{3}$ of the cases

CI /features : Maculo papular 

Vesiculo bollous

Sever Vesiculo bollous  

Steven johnson's syndrome . 

Circinate → Target lesion

((iris)) ◀

Erupt suddenly in 12-24hours

recur

Sites : Acral distribution.

face , neck , hands and feet , Limbs “extensors”.

the trunk is usu. Spared

Management

URTICARIA : HIVES

Def : is a common skin dis, characterized by transient erythm. & or oedematous swelling of the dermis or subcutaneous tissues .

incidence is 15% .

Aetiology : in 50% of cases the cause can't be identified .

The commonly blamed causes are :

1- food and food additives :

Chocolate , Fish , Nuts , Egg, tommatoes , Melon's , cheese , garlic , onions spices , presuvatives , dyes .

2- Drugs : as pencillin , Aspirin, sulfonamides , Narcotics ,
vits , estrogen, INH .

3- Infections : as URTI especially of viral actilo . Infected
sinuses, U.T.I., or any focus of infection .

4- Emotional stress : major factor .

5- Physical factors : cold , solar light , trauma “stroking” .

6- Systemic dis : as in

a- neoplasms : as in H.Lymphoma .

b- Worm infestations .

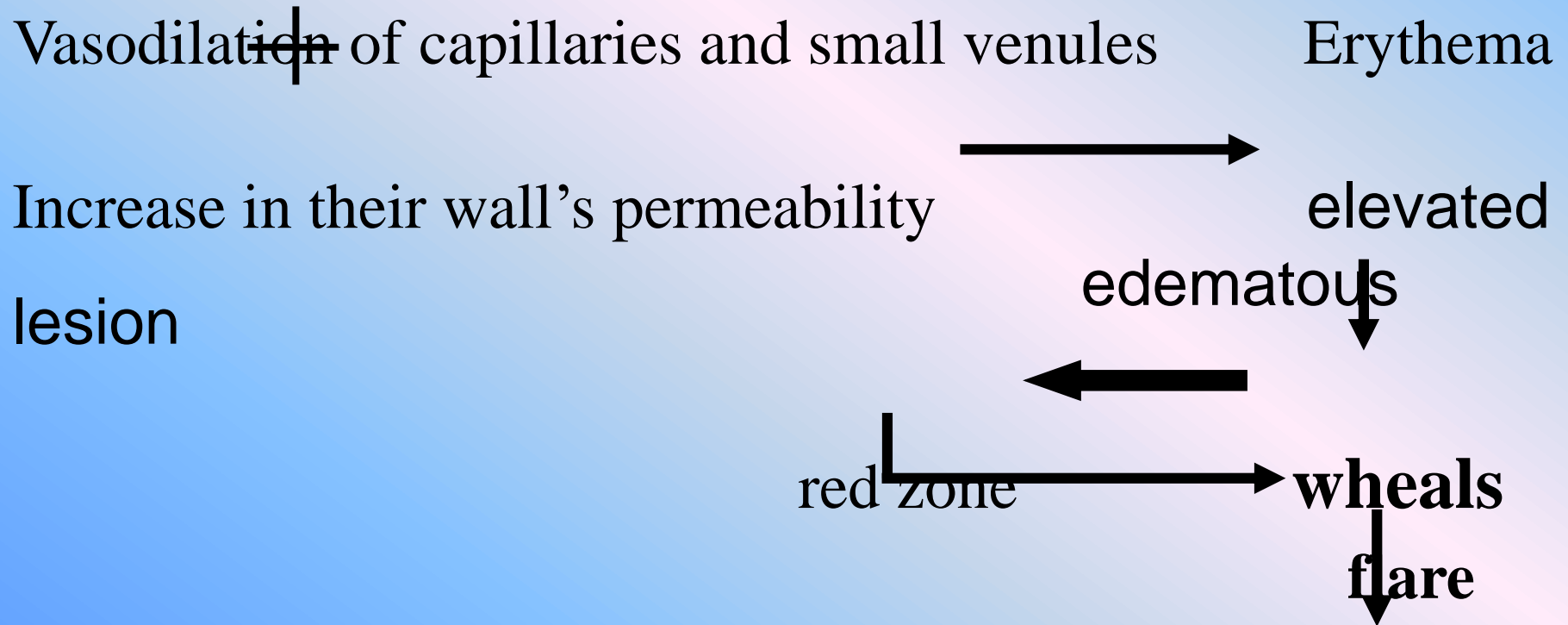
c- Chronic liver dis .

ch. Renal failure .

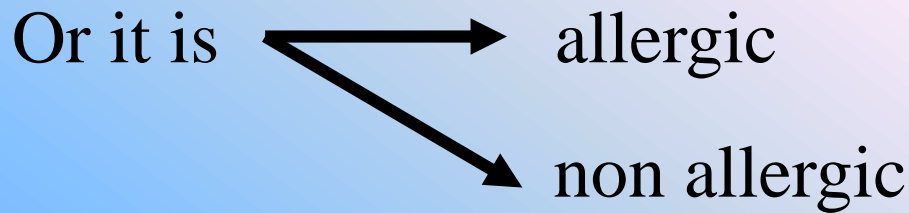
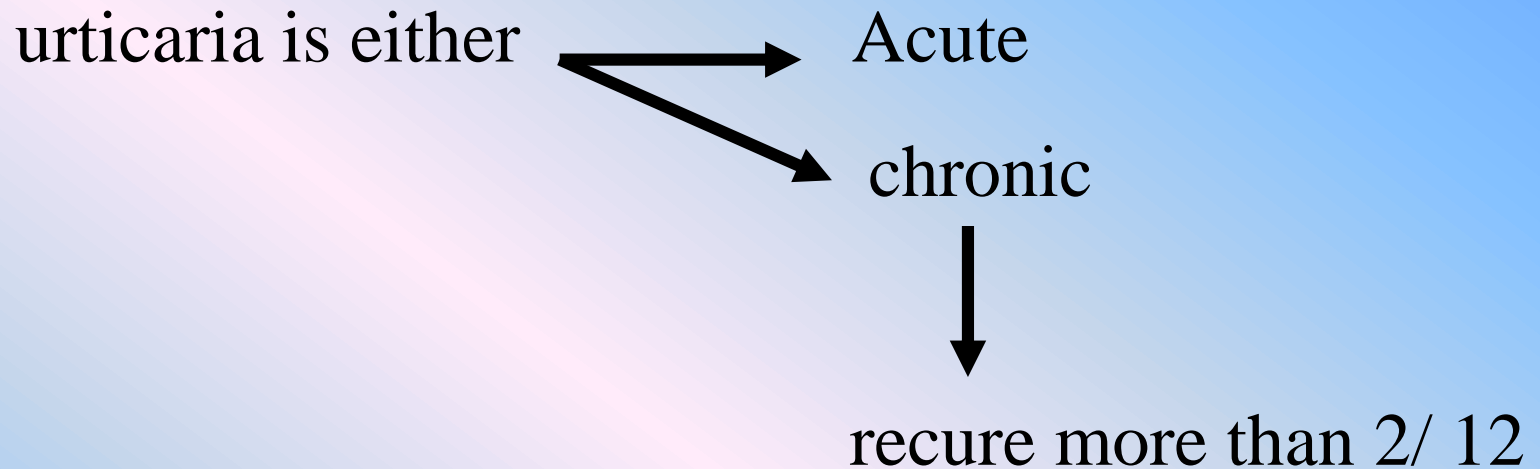
Pathogenesis :

In response to any exogenous or endogenous stimuli histamine and histamine like substances are released from the


Mast cells
↓



Clinical features :



- Both sexes are equally affected at all ages .
- Al though all sites can be affected by the dis . But it usu .
Prefer the covered parts .

•Lesions : Erythematous , edematous severely itchy lesions , surrounded in most cases by a red zone . 

The lesions vary in size from pin point to few inches across.

The shape varies from annular to irregular lesions . 

The lesions  usually fade in sec., minutes or few hrs.

And they don't stay more than 24-48 hrs. but if they do so , urticaia should be excluded except in urt. Vasculitis and delayed pressure URT .

but the dis. as a whole recurs again and again several times/ day in attacks for wks, month and even yrs.

Tissues other than the skin may be affected as bronchia :

↓
bronchial spasm

↓
colicky abdominal pain

↓
nausa and vomiting

HT

Paller

Clinical types :

-Cholinergic urticaria

-Pressure urticaria

-Cold urticaria

-Aquagenic urticaria

-Papular urticaria

-Angioedema

inherited or acquired

↓ C₁ esterase inhibitor

or non functioning

- Urticaria pigmentosa



Management :

Diagnosis  History and clinical exam .



Investigations :

- Food elimination test
- C.B. pr.
- G.U.ex. & G.S. ex.
- L.F.Ts : B. urea FBS
- C X R
- Skin intradermal tests

Treatment :

- Avoid allergins and treat the predisposing causes
- Topical :
 - Soothing agents
 - Steroid
- Systemic :
 - Anti histamine adequate dose & adequate rate

Anti H1 → Sedatives

(Chlorphenaramins)

→ Non sedatives

Loratidine

Anti H2 → Cimetidine
Ranitidine

- Steroid
- Sedatives
- Adrenaline and epinephrine
- Danazole



Thank you















