

ERYTHEMA

URTICARIA

Objectives of this lecture

- The students should know what is erythema and what is urticaria?
- Causes of erythema multiformi.
- How does it present?
- How does it differ from SJS and TEN?
- Its treatment.
- How does urticaria present to us?
- Its causes.
- Its types and how to treat it?

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
 - Cl /features : Maculo papular
Vesiculo bullous
Severe Vesiculo bullous
- TEN and Steven johnson's
syndrome .

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 , preservatives , dyes .

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

3- Infections : as URTI especially of viral actilo . Infected sinuses, U.T.I., H Pylori 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

Vasodilation of capillaries and small venules

Erythema

Increase in their wall's permeability

elevated

lesion  edematous

Clinical features :

← urticaria is either :

- Acute
- chronic

Or it is allergic

non allergic

- 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 severly 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 excuded except in urt. Vasculitis and delayed pressure urticaria.

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 bronchial spasm ,colicky abdominal pain, HT,paller,nausea and vomiting.

Clinical types :

- Cholinergic urticaria
- Pressure urticaria
- Cold urticaria
- Aguagenic urticaria
- Papular urticaria
- Angioedema

inherited or acquired

C₁ esterase inhibitor

or non functioning

Management :

Diagnosis
exam .

History and clinical

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 .



Erythema multiformi



EM



Urticaria





urticaria

- Danazole