

Erythema Multiforme in a Case of Polyarthritis

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A thirty five years female patient presented in PMR OPD with polyarthritis including small joints with morning stiffness for approximately 45 minutes for last two months. She was seropositive (positive RF and anti CCP) without any significant deformity. Her ESR and CRP were significantly high. We started the pharmacological treatment with methotrexate,



Fig 1- Showing Lesions over Leg

sulphasalazine, hydroxychloroquine and etoricoxib. She was also advised for energy conservation and joint protection technique, standardised exercise schedule, contrast bath etc.

She was feeling much better with reduction of DAS score in her next visit after 6 weeks and managing her job quite well. Suddenly she came back again after two weeks with macular lesions spreading centrifugally over her both legs. She didn't suffer from any recent sore throat, mucosal lesion, fever or malaise. On examination the lesions (Fig 1) were looking like classical target lesion i.e. erythematous macular spreading lesions with few central blisters over antero-medial surface of her both legs. We didn't find any herpetic lesion anywhere in her body. We along with our Dermatologist concluded this rash as drug induced erythema multiforme in patient of rheumatoid arthritis.

Then sulphasalazine was stopped and the skin lesions disappeared within next five days. Now the lady is doing well on methylprednisolone, methotrexate, and hydroxychloroquine with normal FIM score.

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