

## Erythema Multiforme in Pregnancy

N. Malhotra, K. K. Roy, D. Takkar

Department of Obstetrics and Gynaecology, All India Institute of Medical Sciences, New Delhi

Skin eruptions are not uncommon in pregnancy. Some well defined ones peculiar to pregnancy include pruritic urticarial papules and plaques of pregnancy (PUPPP), prurigo gestations, herpes gestations to name a few. Erythema multiforme a common skin manifestation is rather uncommon during pregnancy. The skin lesions may range from papules to urticarial rash to vesiculobullous forms with a symmetrical skin distribution. The most specific are the concentric colour changes around these skin lesions giving rise to the 'Target' or 'iris' lesions peculiar to the condition. We present an interesting case of erythema multiforme with pregnancy confirmed on histopathology.

### Case Report

A 20 year old gravida 2, para 1 presented to the antenatal clinic at 32 weeks gestation with a skin rash. Her last pregnancy resulted in a full term normal delivery with no skin problem. There was no history of fever and radiation exposure in this pregnancy and excepting iron and calcium, there was no history of any other drug intake. The skin rash was associated with itching and began on the dorsum of the hand and forearm. On examination the skin lesion was mainly maculopapular. After ruling out an insect bite she was sent away with antipruritic drug. Three days later she developed vesicles over the same site and there was intense itching. She had associated myalgia and malaise but was afebrile all the while. A week later a similar lesion developed over the extensor aspect of the lower limb and foot. The lesion started as erythematous macules and papules followed by the development of vesicles in 2 to 3 days. The lesions were symmetrically distributed over the extensor aspect of limbs. There was no involvement of the trunk even till late in the course of the illness. A possibility of herpes

gestation or chicken pox was suspected. Over a week's time it progressed with development of erythema and discolouration around the skin lesions. A remote possibility of erythema multiforme was entertained owing to the distribution and areas of discolouration around target lesions. At a time there were crops of macular lesions along with vesicles and areas of hypopigmentation around the lesions (Fig. 1). Skin biopsy was taken from a typical lesion, which confirmed the histology as Erythema multiforme. She was started on oral Prednisolone (60mg/day). She showed a dramatic response to Prednisolone over the next week.



Fig. 1 : Picture showing macular lesions along with vesical areas of hypopigmentation seen around these lesions.

She went into spontaneous labour at 36 week and delivered a 2.6 kg female baby vaginally. There was no postnatal complication and a follow up after 3 weeks showed evidence of healing of skin lesions with occasional hyperpigmentation over the hand and feet.