



URTICARIA, ANGIOEDEMA

## ERYTHEMA MULTIFORME OR URTICARIA MULTIFORME?

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**Background:** Many physicians overdiagnose erythema multiforme (EM) by labeling individuals with giant annular urticaria as having EM. This is further highlighted by the term “urticaria multiforme”, which represents a variant of urticaria that is often misdiagnosed as erythema multiforme or a serum sickness-like reaction in children. This emphasizes the need to apply clinical criteria to distinguish EM from urticaria.

**Observation:** Erythema multiforme (EM) is an acute, self-limited skin disease characterized by the abrupt onset of symmetric fixed red papules, some of which evolve into typical and occasionally “atypical” papular target lesions. The eruption is often precipitated by an infection, particularly herpes simplex virus (HSV). Two forms of EM are recognized – EM minor and EM major. Both are characterized by the same type of elementary lesions (targets), but are distinguished by the presence or absence of mucosal involvement and systemic symptoms. Urticaria multiforme (also known as acute annular urticaria or giant urticaria) is a benign cutaneous hypersensitivity reaction seen in pediatric population that is characterized by the acute and transient onset of blanchable, annular, polycyclic, erythematous wheals with dusky center or central clearing in association with acral edema.

**Key message:** Since erythema multiforme and urticaria multiforme represent distinct clinical entities with unique prognoses and management strategies, it is important to distinguish these two entities in order to optimize patient care.

**Key words:** erythema multiforme minor, erythema multiforme major, urticaria multiforme

