

A Prickly Subject

A 29 year old male presents with swollen lips and tongue which has become worse over the last day causing increased swelling and sore cracked lips. His throat is swollen and his tonsils and uvula meet in the middle. He presents to the emergency department 24 hours later. The patient had a tachycardia of 111 and a temperature of 38.4. All other observations were stable. He was thought suitable to come to CDU on one of the protocols.

What is the diagnosis?

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Answer: Allergic reaction (Acute Anaphylaxis)

Day 1

Admitted to CDU @ 15.05 where his observations were within normal limits. His temperature was now 37.8 Paracetamol was given for this. There was no signs of respiratory distress. His blood test results were unremarkable. WCC 9.28, however, CRP was 24.

Further Paracetamol was given for pain which did not alleviate the symptoms, therefore stronger analgesia was prescribed with effect. His temperature was 36.9.

Day 2

The patient looked and felt slightly better although his lips and mouth were still swollen. Poor oral hygiene had been noted. The plan was to continue with the current treatment of Prednisilone and Piriton and to ? get a Dermatology referral.

The rash was noticed to have spread to his upper lip, under his chin and to the palms of his hands. Temperature 37.2, airway patent. Later in the day, patient remained stable, although rash persists and temperature 37.7. Analgesia given for this with effect.

Day 3

Review by CDU Fellow :- to continue with treatment as previous but add Difflam oral rinse. Patients' temperature rose to 40.4 and felt unwell.

Plan – Reoeat bloods and take Blood Cultures, start IV antibiotics, discuss with senior in A&E and refer to medical team.

The consultant suggested contacting the Dermatologists.

Review by Dermatology SpR :- No previous Herpes Simplex virus known to patient.

Patient told Dr that he had used Cif bathroom cleaner the night before he presented to A&E. He had ulceration to his mouth, vesicular lesions around his neck and the palms of his hands and soles of his feet were erythematous and blistering.

What is the diagnosis?

[Click for answer](#)

Answer: Erythema Multiforme / Stevens-Johnson Syndrome.(secondary to HSV)

How would you manage this patient?

[Click for answer](#)

Management

Viral swab – de-roof blister on neck then vigorously swab beneath

Diffiam mouth rinse

Dermovate ointment to palms and soles then occlude with gloves

Dermovate to lesions on trunk (not neck)

Pop blisters and let out fluid to blisters on heels then Dermovate ointment and occlude with gloves

Regular observations

Aciclovir 200mg 5x daily

Need throat swab for coxsackievirus B5

Aciclovir for HSV

Transfer to Dermatology ward 43

Key learning points

1. This patient presented with what appeared to be a common allergic reaction (allergen unknown), however, progressed to having a serious dermatological skin condition which could have been potentially life threatening.
2. Early referral to Dermatology is essential to reach a correct diagnosis with which to treat immediately.

References / Links

<http://health.allrefer.com/health/erythema-multiforme>

<http://www.skincare.com>

<http://www.aocd.org/skin/dermatologicdiseases>

<http://www.dermnetnz.org/dna.erythema.multiform>

<http://www.emedicine.com>

<http://familydoctor.org>