

Erythema nodosum

Erythema nodosum is a common form of **paniculitis** (inflammation of the subcutaneous adipose tissue) with a variety of etiologies, limited to lobular septa and manifested by painful red **nodules**. Affected are mainly young women (2nd - 4th decade).

Pathogenesis

The mechanism of immunopathological reactions IV. type (delayed type of hypersensitivity) dependent on T-lymphocytes is thought.

Etiology

In about half of the cases, no cause is identified. Of the known causes, the most common are:

- consequence of streptococcal infection (may accompany post-streptococcal arthritis);
- yersiniosis;
- sarcoidosis;
- drugs: hormonal contraceptives, sulfonamides.

Furthermore, tuberculosis, salmonellosis, idiopathic intestinal inflammation (often a recurrent form).

Histology

Inflammation, first non-specific, later with the presence of lymphocytes, is limited to the lobular septum of subcutaneous fat. Over time, fibrotization can occur. No vasculitis is present (unlike *polyarteritis nodosa*).

Clinical picture

It quickly forms **reddish, painful**, a few inches large **nodules**. The most common location is on the **lower legs**, less on the extensor sides of the thigh and forearm. Sometimes fever may be present. The lesions may change color as they recede, similar to the hematoma (ie mauve -> yellowish -> greenish) hence the older name *erythema contusiforme*. The disease resolves spontaneously within a few weeks and leaves no consequences.

Differential diagnosis

- *erythema induratum Bazin* – paniculitis and vasculitis, most commonly on the calves, caused by TB deposits, can ulcerate
- *polyarteritis nodosa* – vasculitis
- other paniculitis and vasculitis

Therapy

We treat the underlying cause, if known. Otherwise, we administer **NSAIDs** locally or generally, if it persists for a long time, we use corticosteroids.

Links

Related articles

- Erythema exsudativum multiforme
- Paniculitis
- Sarcoidosis

External links

- Erythema nodosum