

# A Case of Erythema Nodosum

Mahmood Ahmad, MD

Sunitha Valayil, OMS-III

Internal Medicine

This research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA Healthcare or any of its affiliated entities.

# Our mission

Above all else, we are committed to the care and improvement of human life.



# Patient information

- 29-year-old male with no significant past medical or surgical history
- Social history: Social alcohol use, **Admits to Vaping and marijuana use**, occupation: construction worker
- NKDA

## Chief complaint

- 2-week history of worsening bilateral lower extremity erythema, nodules, pain

# History of present illness

- Initially seen in emergency department for the first time after 4-day history of erythema, nodules, and pain on bilateral lower extremities
- At this time, patient reported fever and sore throat 1 week prior to the start of his symptoms that had since resolved
- Denied any recent travel history, animal bites, sick contacts, new sexual partners, family history of autoimmune diseases, changes in diet, or recent occupational or environmental exposures
- On exam, patient was mildly tachycardic, no other significant findings
- Labs: leukocytosis with WBC's at 15.8, group A beta strep Ag test negative
- Initial visit to ED: patient given TMP/SMX and Cephalexin and sent home

# Continued...

- One week later, patient presented to emergency department again with worsening erythema, joint pain and nodules now appearing on bilateral forearms
- On exam, patient was tachycardic and mildly hypertensive
- Labs: mild leukocytosis, normocytic anemia, elevated CRP and sedimentation rate, thrombocytosis
- UDS positive for THC, UA positive for blood, protein and few bacteria
- Initial treatment plan: steroids, cefazolin, naproxen
- After consultation with infectious disease and rheumatology treatment: continue steroids and naproxen, cefazolin switched to PO doxycycline and discharged after 1 day of hospitalization
- After he was discharged his ASO titer came back positive at >3660

# Erythema nodosum

- Characterized as delayed hypersensitivity reaction to subcutaneous adipose tissue
- A panniculitis process without vasculitis that presents as erythematous, tender nodules located most commonly on pretibial areas
- Causes: infection (streptococcal infection most common), chronic systemic inflammatory processes, drugs, idiopathic, inflammatory bowel disease, sarcoidosis, medications, malignancy
- Diagnosis: based on clinical presentation and history
- Biopsy can be completed if nodules become ulcerated, are larger than 5 cm, patient presents with immunosuppression
- Treatment: self-limiting condition so treatment often not necessary, but could involve treatment of underlying condition, NSAIDs for pain relief, systemic glucocorticoids

# Thank you

This research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA Healthcare or any of its affiliated entities.