

A Case of Erythema Nodosum

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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

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- 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