



Erythema Multiforme Minor Associated with Herpes Labialis

Herpes Labialis ile İlişkili Eritema Multiforme Minör

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A thirteen-year-old male presented with an itchy rash that started on the back of his right hand two days ago and subsequently spread to his arms and face. It was learned from the patient's history that lesions consistent with herpes labialis had started four days ago. The patient had no history of recent infections, known diseases, or allergies, and was not on any medication. On physical examination, the patient had a healing vesicular rash on the upper lip consistent with herpes labialis. There was also a target-shaped rash with an erythematous base and central vesicles, which had spread all over the body but was more prominent on the dorsum of both hands. Nikolsky's sign was negative in these lesions. No other pathology was detected during the patient's systemic examination. Laboratory investigations revealed normal complete blood count, acute phase reactants, and biochemical parameters. Herpes simplex virus (HSV) type 1 IgM was negative, IgG was positive, and HSV type 2 IgM and IgG were negative. No significant positivity was detected in other tests performed for infectious agents, including *Mycoplasma pneumoniae*. Upon examination by dermatology, the patient's rash was found to be consistent with erythema multiforme minor, and treatment with oral cetirizine and topical steroid ointment for lesions excluding the face was initiated. The lesions regressed with one week of treatment, and there were no recurrences during follow-up.

Erythema multiforme minor is a self-limiting, mild mucocutaneous disease. It can occur in association with infections

or as a result of drug use. HSV is the most common infection-related cause of erythema multiforme minor. Both HSV type 1 and type 2 can lead to erythema multiforme minor. Lesions can occur concurrently with HSV infection or 10-14 days afterward. Symptomatic treatment is generally sufficient, and medications such as antihistamines or topical/systemic corticosteroids can be used. In selected cases, antiviral treatment with acyclovir or valacyclovir may be employed. Erythema multiforme minor typically does not lead to serious complications and often resolves without sequelae.



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