

# A clinical quiz that turns heads

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This column is aimed at developing your clinical acumen. A clinical quiz will alternate with a short discussion of a clinical sign. You are invited to send us requests for future topics and to provide photographs of clinical signs for the quiz section. Kindly send a fax or e-mail with your requests and mail high gloss photographs or a disk with high resolution (300dpi) jpeg files to us. (See contact details above) Photographs may include clinical signs, photographs of poisonous insects, plants, snakes, contaminated water or anything that may cause sickness or disease in South Africa. Kindly provide a short clinical synopsis of 100-200 words from which a quiz can be formulated.

**These patients experienced the eruption of a painful nodular rash, visible over their shins, accompanied by fever and generalized joint pains.**

**What is the most likely diagnosis, and what conditions are associated with this disease?**

quiz



## Answer

Erythema nodosum. This is an inflammatory condition of the dermis and subcutaneous layer of the skin (panniculitis), appearing as nodular dusky red or purplish blotches or nodules, usually on the lower legs (ankles or knees). They are millimeters to several centimeters in diameter, usually raised, and very tender. Most often seen in young females, they tend to fade like bruises over a period of a few weeks, and do not ulcerate. Often arthralgia, malaise, and fever may be present.

Idiopathic cases are seen, but mostly an underlying cause should be sought. These include granulomatous diseases like sarcoidosis, tuberculosis, syphilis, inflammatory bowel diseases, or a response to several infections, e.g. Streptococcus, Yersinia, fungal (Histoplasmosis, coccidioidomycosis), or colchicine may be necessary.

The disease is usually self-limiting, but can be treated by bedrest, treatment of the underlying cause, non-steroid anti-inflammatory, or prednisolone 0.5 mg/kg/day. Rarely dapsone or colchicine may be necessary.

In the differential diagnosis secondary deposits of carcinoma, sarcoma, syphilis, or tuberculosis and lepromatous can be considered.

Blastomycosis, or Chlamydial disease. It can also present as an allergic manifestation to certain drugs administered, especially sulphonamide like drugs, penicillin, and even non-steroid, anti-inflammatory.