**Erythema Nodosum PLUS**

**Key Points:**
- Erythema nodosum (EN) is a panniculitis with painful red or violaceous nodules on the anterior surfaces of the legs.
- Think of causes in 4 groups: strep pharyngitis, idiopathic, associated with hilar lymphadenopathy, or associated with GI symptoms.
- Biopsy in cases without LE nodules, with ulceration, or those lasting longer than 8 weeks.

**Description/Definition**
- Characterized by painful, red or violet nodules on the anterior surfaces of the legs
- Should resolve in a 2 to 8-week period
- Can have thigh, trunk, and UE lesions, but SHOULD ALMOST ALWAYS have tibial nodules

**Pathology/Pathogenesis**
- Histologically – a panniculitis (fat inflammation) usually without associated vasculitis
- Thought to be delayed hypersensitivity reaction to antigens but ????

**Etiology/Causes**
1) Streptococcal pharyngitis (probably most common in the world)
2) Idiopathic
3) EN associated with hilar adenopathy
   a. Sarcoidosis (Lofgren’s syndrome w/ hilar adenopathy, polyarthritis, and EN)
   b. Tuberculosis
   c. Fungal (Cocci, Histo, Blasto)
   d. Hodgkin’s disease (rarer)
4) EN associated with GI complaints
   a. IBD (more Crohn’s, can present years ahead of time)
   b. Behcet’s disease
   c. Bacterial gastroenteritis (Salmonella, Campylobacter, Shigella, etc.)
5) Others
   a. Medications (OCP’s, sulfa antibiotics)
   b. Leprosy
   c. SLE (very very rare)
   d. Viral infections (rare): HBV, HIV, CMV

**Diagnosis**
- A clinical diagnosis
- Biopsy if:
  - There are no nodules on the legs
  - The nodules ulcerate
  - The nodules last longer than 8 weeks
- General work up: history, physical exam, ASO titer/throat culture, chest x-ray
Questions of the Day

1) Is erythema nodosum associated with HIV?
Yes, but only in case reports. The prevalence may not be high enough for a causal association.

2) Is EN associated with other common viral infections?
Yes, but rarely. There are case reports of an association with parvovirus B19, HBV, HCV, CMV, EBV, HIV . . . . the list goes on and on but all are rare rare rare.

3) How do we diagnose hemochromatosis?
Gold standard is liver biopsy. Typically, we screen with ferritin and transferring saturation (see below).

---

References:

*UpToDate* 2003.