

Erythema multiforme associated with blister beetle dermatitis

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Erythema multiforme is infrequently caused by allergic contact dermatitis. Most of the reported cases are occupational and are accompanied by the other signs of acute dermatitis (1–3). A patient with erythema multiforme-like lesions following a blister beetle dermatitis is presented.

Case Report

A 28-year-old farmer presented with a painful periorbital erythematous eruption. He had noticed oedema and burning on the eyelids in the morning 2 days earlier, and several papules a day later. He reported that he used to sleep outside and that his neighbours had similar lesions. Dermatological examination revealed vesiculopustules on an oedematous, tender, well-circumscribed and arch-shaped erythema under the right periorbital area, linear crusts on the nose and lips, and three erythematous papules with central haemorrhagic crust on the right side of the forehead (Fig. 1). Ophthalmologic examination showed no conjunctival or corneal involvement, his vision was unaffected, and biochemical and haematological investigations were normal.

Biopsy taken from the periorbital vesicles showed marked spongiosis in epidermis and superficial dermis, and a dense dermal infiltration mainly composed of polymorphonuclear leucocytes. There were histological features of erythema multiforme in the examination of a targetoid lesion on the forehead. All lesions were cleared with wet dressings of saline solution and oral prednisolone 40 mg daily in a week's time.

Discussion

Blister beetle dermatitis is a peculiar irritant contact dermatitis characterized by stinging and burning vesiculopustules (4, 5). In this part of Turkey, insects belonging to genus *Paederus* cause a similar eruption in summertime, especially after heavy rain. In the week the patient referred, many cases were seen with the same clinical appearance and an epidemic paederus dermatitis was considered. Besides vesicles and pustules, bullae can be observed after contact with vesicant material, but erythema multiforme has not been reported before.

Erythema multiforme due to irritant contact dermatitis has been mentioned in only 1 report, in which the responsible irritant agent was dimethyl cyanocarbonimidodithioate used for cimetidine synthesis (6). Contact with toxic vesicant material of beetles was thought to be the cause of erythema multiforme in this patient.

Not only allergens, but irritant chemicals applied directly to the skin may also be considered as a potential cause of erythema multiforme.

References

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Fig. 1. Oedematous and erythematous periorbital eruption and target-like lesions on cheek and forehead.

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