# \*\*no patient handout

# Erythema marginatum

# **Synopsis**

Erythema marginatum is a distinctive annular erythema found on the trunk and proximal extremities. It usually follows the onset of migratory arthritis, but it may occur months after the carditis. Ten percent (10%) of patients with acute rheumatic fever have an associated rash of erythema marginatum.

Rheumatic fever (and therefore erythema marginatum) is not common in adults; the majority of cases occur in the 5-15 age group.

#### **Codes**

ICD10CM:

L53.2 – Erythema marginatum

SNOMEDCT:

50610002 - Erythema marginatum

#### Look For

Evanescent, figurate, and polycyclic lesions forming segments of rings. Lesions are thin red lines that spread centrifugally. The distinctive annular erythemas present on the trunk and proximal extremities but do not occur on the face.

### **Diagnostic Pearls**

The rash often is seen more easily in the afternoon. Warming of the skin brings out the rash. Erythema marginatum is often associated with active carditis of rheumatic fever.

### **Differential Diagnosis & Pitfalls**

- Rheumatic fever
- Urticaria
- Adult-onset Still's disease
- Erythema multiforme
- Mononucleosis
- Gyrate erythemas (familial annular erythema)
- Erythema gyratum repens (faster moving)
- Erythema annulare centrifugum

• Erythema migrans (marker of Lyme disease)

#### **Best Tests**

Skin biopsy: perivascular neutrophilic infiltrate, which is suggestive but not diagnostic.

# **Management Pearls**

The condition resolves on its own.

# **Therapy**

Erythema marginatum is self-limited, with the lesions usually fading in 2-3 days.