



## Pathognomonic rash

Pandey et al have reported a patient in whom they have diagnosed erythema multiforme.<sup>1</sup> However, the diagnosis may be incorrect. Figure 2 shows a target lesion, as described by the authors. Figure 1, showing rash on the pelvis, reveals urticaria.

A target lesion is a fixed round erythematous plaque less than 3 cm in diameter, with a well-defined border and consisting of three distinct zones; two concentric rings of colour change surrounding a central circular zone. Target lesions are not pathognomonic of erythema multiforme, which despite its name usually results in a symmetrical eruption of papules and plaques mainly distributed on distal limbs. Individual lesions have a relatively monomorphic clinical appearance.

Similar target-like lesions may also arise in urticaria, viral exanths, drug eruptions, toxic epidermal necrolysis, polymorphous light eruption, cutaneous lupus erythematosus, bullous pemphigoid, linear IgA bullous dermatosis, erythema annulare centrifugum and vasculitis.

Erythema multiforme is frequently overdiagnosed by nondermatologists in patients presenting with acute urticaria. In urticaria, the lesions last less than 24 hours in one site and have normal overlying skin, whereas the target lesions of erythema multiforme persist 7 to 10 days and display central epidermal damage in the form of bullae or crusts.

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## Reference:

1. Pandey R, Greengrass C, Drinkovic N. Pathognomonic rash. N Z Med J 2011;124(1334):107-8. <http://www.nzmj.com/journal/124-1334/4653/content.pdf>

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