

# Erythroderma

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Erythroderma is a descriptive term used when a patient has erythema of 90% or more of their body surface area.

It may precede or be associated with, scaling or peeling of the skin.

## Causes

It may arise from a variety of causes, most commonly from a pre-existing skin condition.

The most common pre-existing dermatoses are:

- Eczema
- Psoriasis
- Pityriasis rubra pilaris
- Cutaneous T cell Lymphoma
- Bullous dermatoses (Bullous Pemphigoid, Pemphigus Vulgaris)
- Graft vs. Host disease

Other causes are:

- Drug reaction
- Malignancy
- HIV infection

## Clinical Features

- generalised skin erythema affecting more than 90% of the body surface area
- skin may be oedematous and show serous fluid ooze resulting in clothes sticking to the patient.
- Increased risk of secondary bacterial or viral infection, look for crusting, pustules, vesicles
- Generalised lymphadenopathy- may be in absence of infection or malignancy , termed dermatopathic lymphadenopathy
- Hypo or hyperthermia
- Haemodynamic instability
- Electrolyte disturbance

## Management

Erythroderma is a serious, life threatening condition. Most patients require hospital admission.

Initial management should include:

- Monitor fluid balance and temperature
- Check electrolytes
- Discontinue any unnecessary medications
- Use a bland emollient such as 50:50 paraffin mix liberally and at least qds.
- Referral to dermatology urgently for assessment