

CASE 27-1

A 4-year-old child presents with acute onset of annular erythematous wheals with associated lip swelling and hand edema. She is ill-appearing. She has had an upper respiratory infection for the past 3 days, but



no other medication exposure in the past 3 weeks. Testing for herpes simplex virus (HSV) and mycoplasma is negative. After monitoring for 24 hours, you notice the lesions have been migratory.

What is the one most likely diagnosis?

- (A) Serum sickness-like reaction
- (B) Erythema multiforme
- (C) Urticaria multiforme
- (D) Allergic reaction
- (E) Urticarial vasculitis

The correct answer is (C), urticaria multiforme.

The differential for annular urticaria includes urticaria multiforme, erythema multiforme, and serum sickness-like reaction. Urticarial lesions are migratory in 24 hours, in contrast to static urticarial plaques characteristic of urticarial vasculitis and erythema multiforme. Urticaria multiforme in children is most frequently virally induced and resolves with appropriate antihistamine therapy. At initial presentation, testing to rule out infectious causes of erythema multiforme (eg, HSV and mycoplasma) may be indicated. A skin biopsy will be helpful in distinguishing between erythema multiforme, urticarial multiforme, and urticarial vasculitis. Urticaria multiforme usually resolves within 2 weeks. The significant joint pain that can be present in serum sickness-like reaction is usually absent and there is no preceding medication trigger.