

# ORAL ERYTHEMA MULTIFORME AS A PARANEOPLASTIC MANIFESTATION OF COLON ADENOCARCINOMA. A CASE REPORT.

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## INTRODUCTION

Erythema multiforme is a self-limiting, blistering, autoimmune disease that presents acutely, affecting the skin and mucosa. In 2015, Lee E. and Freer J. included this disease in paraneoplastic dermatological syndromes, but currently there are not many publications of this entity as a manifestation of an underlying malignancy.

## OBJECTIVE

The objective of this research is present the erythema multiforme as an unusual paraneoplastic manifestation.

## CASE REPORT

A 64-year-old patient presented to the emergency department with abdominal pain, nausea, and vomiting upon admission. She was diagnosed with an acute obstructive abdomen by the general surgery department and referred to the oral and maxillofacial surgery unit due to multiple ulcerative lesions throughout the oral cavity with a 2-week course that did not respond to intravenous antifungal therapy.

### MANAGEMENT

It was decided to take a sample for histopathological study of the oral lesions that revealed subepithelial vesiculation with associated necrotic keratinocytes findings consistent with erythema multiforme, and the study of both direct and indirect immunofluorescence ruled out other processes with a similar clinical appearance confirming the first diagnosis. On the other hand, a lesion was exeresis in the ascending colon that revealed adenocarcinoma.

**TREATMENT** use of oral rinses twice a day with bicarbonated water to modify oral pH and a topical solution with 2% lidocaine, benzidine (0.15%), antihistamine (loratadine suspension 5mg / 5ml), antacid (magnesium hydroxide 200mg / ml) and betamethasone (4mg / ml) in equal parts (15ml each of the aforementioned) three times a day. In addition, steroid therapy was started with prednisone 50mg once a day orally.

The painful symptoms in the oral mucosa diminished almost until their disappearance and the scabs at the level of the lips diminished considerably. Erythematous plaques distributed throughout the non-keratinized mucosa also began to regress from the fifth day of drug treatment until their total resolution. This is when the first diagnosis is changed to paraneoplastic erythema multiforme, underlying an occult neoplasm.



Figure 1. Ulcerated areas in the labial mucosa, with areas in the healing phase.

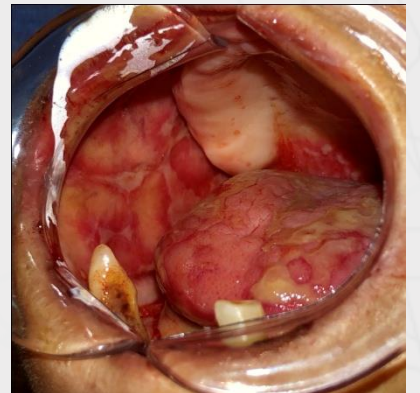


Figure 2. Intraoral view that reveals multiple lesions distributed in the vestibular mucosa, cheeks, alveolar ridges, lingual mucosa, palate and floor of the mouth

## CONCLUSION

It is important to recognize the presence of erythema multiforme as a paraneoplastic manifestation when the common etiologic factors of this pathology (infections, drug use, autoimmune disease, and radiation) are not exhibited and, therefore, to focus on the underlying search for malignancies that they are not very obvious. This is of vital importance for the early detection of cancer and its timely treatment.

THE AUTHORS DECLARE THAT THEY HAVE NO CONFLICTS OF INTEREST

1. Jawetz R, Elkin A, Michael L, Jawetz S and Shin H. Erythema Multiforme Limited to the Oral Mucosa in a Teenager on Oral Contraceptive Therapy. J PediatrAdolesc Gynecol. 2007; 20:309-313.
2. Sokumbi O; Wetter D. Clinical features, diagnosis, and treatment of erythema multiforme: a review for the practicing dermatologist. Int. J. Dermatol. 2012; 51, 889–902.
3. Lee E; Freer J. Paraneoplastic Syndromes. Hosp Med Clin. 2015; 4:368–420.