

Picture Quiz: A Red Man on the AMU

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Key Points

- Erythroderma is a potentially life-threatening condition requiring intensive supportive therapy and early involvement of a specialist dermatology team.
- Skin biopsy may be helpful in identifying the underlying cause of erythroderma so that appropriate topical and systemic therapy can be provided.

Answer

1. The patient has Erythroderma, also known as the 'Red Man' syndrome; treatment is summarised below
2. The underlying diagnosis is Pityriasis Rubra Pilaris (PRP), which can be confirmed by skin biopsy (see Figure 2)

Discussion

Erythroderma (or 'red man syndrome') is a diffuse inflammation of the skin, affecting at least 90% of the skin surface. It can be the clinical manifestation of a variety of dermatological, systemic, malignant and haematological diseases. It can be also the result of a hypersensitivity reaction to drugs.

Some of the most common causes of erythroderma are listed in Table 1.^{1,2}

Erythroderma can be a life-threatening medical emergency, therefore hospital admission and the urgent involvement of a dermatologist is required. As the protective function of the skin is lost, infection is a common complication. Insensible fluid

losses lead to dehydration. Protein loss from the inflamed skin causes hypoalbuminemia and oedema, and the increased perfusion of the skin can lead to hypothermia, hypotension, and organ failure³. Careful fluid balance is essential and central venous monitoring may be required in some cases. In addition to supportive care it is essential to identify and treat the underlying cause. All non-essential drugs should be stopped in case the erythroderma is drug-induced.

Skin care using oatmeal baths may reduce irritation and itching. Crusted and weeping skin should be covered by wet dressings followed by the application of large amounts of simple/bland emollient to maintain skin moisture and to help compensate for the loss of the barrier function of the skin.¹ Particular care and attention should be made to any wounds and cracks in the skin.

Topical steroid therapy is widely used to reduce inflammation and pruritis which may require systemic antihistamines. As the absorption of topical medicines is greater in erythroderma, these treatments be used with care¹.

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Figure 1. Erythroderma and scaling, with thickening and cracking of hands, typical of PRP.