pISSN:2349-5707 Volume:13,Issue 4, April -2026 eISSN:2349-5715

CLINICAL CHARACTERISTICS OF THE MANIFESTATION OF MULTIFORM EXSUDATIVE ERYTHEMA IN THE SKIN AND MUCOUS MEMBERS

Khayitova Mehrigul Alijon kizi
Lecturer at the Department of Dental Sciences at TISU

Abstract

This article examines the clinical manifestations of multiform exudative erythema in the skin and mucous membranes. During the study, the etiological factors of the disease were analyzed, specifically the influence of infectious and allergic factors. Based on clinical observations, the primary symptoms encountered in patients were identified as erythematous-papular rashes, "target" elements, and erosions on the mucous membranes. Mild, moderate, and severe forms of the disease were compared, and their clinical differences were substantiated. Cases associated with the herpes simplex virus and the recurrent nature of the disease were also discussed. The results of the study demonstrated the importance of early diagnosis, differential diagnosis, and the development of effective treatment measures for multiform exudative erythema.

Keywords

multiform exudative erythema, skin diseases, mucous membrane, clinical signs, target symptom, erosion, herpes simplex virus, allergic reactions, dermatology, differential diagnosis.

Introduction

Exudative erythema multiforme (EXME) is a dermatological disorder of an acute or recurrent nature, primarily associated with immune-allergic mechanisms, manifesting as polymorphic rashes on the skin and mucous membranes. This disease often develops in response to infectious factors (especially herpes simplex virus), medications, or exposure to other antigens.

The clinical picture of the disease is characterized by its manifestation in various forms. Skin lesions are usually symmetrical and are mainly observed on the extensor surfaces of the limbs, palms and soles, and sometimes on the facial and body regions. The rash initially appears as erythematous spots, which subsequently take the form of papules, vesicles, or bullae. One of the characteristic features of MSLE is the presence of elements in the form of a "target" or "eye" (target lesion). Such elements are characterized by a darker zone in the center, a lighter ring around it, and an erythematous circle on the outside.

Mucous membrane damage is more common in more severe forms of the disease. The mucous membrane of the oral cavity is affected the most. Clinically, this condition manifests as the appearance of painful erosions, blisters, and ulcers. The vesicles rupture quickly, forming erosions prone to bleeding in their place. The lips become dry, covered with cracks and a hemorrhagic coating. This makes it difficult for the patient to eat and speak.

In many cases, general symptoms are also observed. Patients complain of fever, general weakness, headaches, and muscle pain. A prodromal period may be observed at the onset of the disease, during which symptoms similar to upper respiratory tract infections appear.

The clinical course of PCOS is divided into mild and severe forms. In the mild form, only skin lesions are observed, and the general condition is relatively satisfactory. In severe forms, the mucous membranes are extensively affected, and signs of general intoxication are pronounced. In some cases, the disease may progress to life-threatening conditions, such as Stevens-Johnson syndrome or Lyell syndrome.

The recurrent form of the disease is also widespread, and a seasonal character is observed, especially in cases associated with herpesvirus infection. In this case, rashes recur during certain seasons of the year (most often in spring and autumn).

pISSN:2349-5707 Volume:13,Issue 4, April -2026 eISSN:2349-5715

In the process of differential diagnosis, it is important to distinguish it from other dermatological diseases, including pemphigus, toxic epidermal necrosis, and allergic dermatitis. An accurate diagnosis is made based on clinical signs, medical history, and laboratory tests.

In conclusion, multiform exudative erythema is a disease characterized by complex, polymorphic lesions of the skin and mucous membranes, and an in-depth study of its clinical features is of great importance for ensuring correct diagnosis and effective treatment.

Methodology

This study was organized to determine the characteristics of the clinical manifestations of multiform exudative erythema (MEA) in the skin and mucous membranes, and to analyze their severity and course. The study was conducted based on a comprehensive approach and included clinical observation, laboratory tests, and statistical analysis methods.

The subjects of the study were patients diagnosed with multiple sclerosis who sought treatment in the departments of dermatology and dentistry. A total of 50 patients were involved in the study. Their age ranged from 18 to 60 years, and their sex composition was distributed equally between men and women. The criteria for inclusion in the study were the clinically confirmed diagnosis of PID, the patient's consent to participate in the study, and the possibility of monitoring their general condition. The criteria for exclusion from the study included other severe dermatological diseases, immunodeficiency states, and severe somatic diseases.

During the study, the patients' medical history was studied in detail. In particular, the reasons for the onset of the disease, the frequency of relapses, previously used medications, allergic history and the connection with infectious diseases were clarified. Particular attention was paid to cases related to the herpes simplex virus.

During clinical examinations, changes in the skin and mucous membranes were evaluated using visual and palpatory methods. The type of rash (spot, papule, vesicle, bulla), its localization, number, symmetry, and the presence of "target" elements were noted. Erosion and ulcers of the mucous membranes, especially the oral cavity, lips, and tongue surface, were assessed by depth, width, and degree of pain.

Specific clinical criteria were used to determine the severity of the disease. The mild form was characterized by conditions involving only skin lesions; the moderate form by conditions involving skin and mucous membranes; and the severe form by extensive mucous membrane lesions, symptoms of general intoxication, and elevated body temperature.

The complex of laboratory tests included a general blood test, a biochemical blood test, immunological indicators, and, if necessary, virological tests. Attention was paid to the detection of inflammatory signs (leukocytosis, increased ESR) in blood analysis. The body's allergic and immune responses were assessed through immunological examinations. Virological tests were used to detect the presence of the herpes simplex virus.

Clinical observation in the study was conducted dynamically. Patients were regularly monitored from the onset of the disease until recovery. An individual observation card was maintained for each patient, recording clinical symptoms, their changes, treatment outcomes, and relapses.

The obtained data were statistically processed and analyzed. Methods of variational statistics were used in the statistical analysis. Mean values (M), standard deviation (σ), and percentage indicators were calculated. Student's t-test was used to determine the differences between the groups. The results were evaluated as statistically significant at a reliability level of $p<0.05$.

The ethical aspects of the research were also taken into account. Written consent was obtained from all patients, and the confidentiality of their personal data was ensured. The study was conducted in full compliance with medical ethical standards.

Additionally, an analysis of modern scientific literature was conducted during the study. Local and foreign sources were studied, and the results obtained were compared with existing scientific views on the etiology, pathogenesis, and clinical course of EPC.

pISSN:2349-5707 Volume:13,Issue 4, April -2026 eISSN:2349-5715

As a result, the methodology used made it possible to comprehensively study the clinical manifestations of multiform exudative erythema in the skin and mucous membranes, determine the features of its course, and draw scientifically based conclusions.

Results and discussion

The results of the study showed that there is a certain correlation between the variety of clinical signs and the forms of the disease's course in patients with multiform exudative erythema. Of the 50 patients under observation, 60% had a mild form of the disease, 28% had a moderate form, and 12% had a severe form. These findings confirm that MCE is often relatively mild, but in some cases it can present with serious complications.

Skin lesions were observed in all patients. The most common clinical sign was erythematous-papular rash, which was recorded in 86% of patients. Additionally, elements in the form of a "target" were identified in 72% of cases, confirming that this trait possesses pathognomonic properties for the disease. The rashes were primarily located on the extensor surfaces of the hands and feet, especially on the palms and soles, with a symmetrical distribution observed in 64% of patients.

Mucosal lesions were identified in 40% of patients, the majority of whom were affected by the oral mucosa. Clinically, these patients exhibited painful erosions, hemorrhagic crusts, and blisters. Lip involvement was noted in 30% of patients, significantly affecting nutritional and speech functions. It has been established that the degree of mucosal damage is directly correlated with the severity of the disease.

The results of the laboratory examination showed the presence of signs of inflammation in 68% of patients. In particular, an increase in leukocytosis and erythrocyte sedimentation rate was observed. Immunological studies revealed the activation of allergic and immune response reactions in the majority of patients. Virological analyses revealed symptoms related to the herpes simplex virus in 46 percent of patients, noting that this factor plays a crucial role in the etiology of the disease.

During the study, the recurrent form of the disease was also studied. In 34% of patients, recurrences of EPC were identified, which were mainly seasonal in nature. The intensification of the disease was particularly noted in the spring and autumn seasons. This indicates a correlation between environmental factors and the state of the immune system.

When comparing the results obtained with the data presented in the scientific literature, it was found that they largely coincide. Specifically, the etiological role of "target" rashes, mucosal lesions, and the herpes virus as the primary clinical sign of HAE has been noted in other studies. At the same time, the incidence of mucosal involvement in this study was slightly lower, which may be explained by patient selection criteria or regional factors.

During the discussion, it was noted that the state of the immune system and sensitivity to infectious agents and medications are of great importance as the main factors influencing the clinical course of the disease. Particularly in cases involving the herpes simplex virus, a high probability of disease recurrence was observed. This indicates the need to take this factor into account when developing preventive measures.

It is also important to correctly conduct early detection and differential diagnostics of ESR. Because some severe forms can lead to life-threatening conditions, such as Stevens-Johnson syndrome and Lyell syndrome. Therefore, it is important to conduct an in-depth analysis of clinical signs and dynamic observation of patients.

In conclusion, the results of the study showed that the clinical course of MSHEE is polymorphic, and changes in the skin and mucous membranes serve as the main criterion for assessing the severity of the disease. The obtained data are of great scientific and practical importance for the early diagnosis of the disease, prognosis of its course, and the development of effective treatment measures.

Conclusion

pISSN:2349-5707 Volume:13,Issue 4, April -2026 eISSN:2349-5715

In conclusion, multiform exudative erythema is one of the etiologically and pathogenetically complex diseases characterized by polymorphic lesions of the skin and mucous membranes. The research results demonstrated that the clinical course of this disease is directly linked to the patient's individual characteristics, immune system status, and external factors.

The studies confirmed that one of the main clinical signs of PID is the "target" rash observed on the skin, which is of significant diagnostic importance in distinguishing the disease from other dermatological conditions. Skin lesions in the majority of patients were characterized by symmetrical placement and were primarily observed on the extensor surfaces of the limbs. At the same time, it was established that mucosal damage, especially in the oral cavity, becomes the leading clinical sign in severe forms of the disease.

During the study, along with the predominance of mild forms of the disease, the presence of moderate and severe forms was noted. Particularly extensive mucosal lesions, symptoms of general intoxication, and cases with high fever indicated a severe course of the disease. In such cases, it is important to identify patients in a timely manner and apply the necessary medical measures.

Analysis of etiological factors showed that the herpes simplex virus plays an important role in the development of HIE. At the same time, allergic reactions to medications are also among the factors causing the disease. The presence of recurrent forms of the disease, especially those associated with seasonality, justifies the need to develop preventive measures.

Issues of differential diagnostics also require special attention. This is because some severe forms of ESR can be clinically similar to life-threatening diseases such as Stevens-Johnson syndrome and Lyell syndrome. Therefore, to establish a correct diagnosis, it is necessary to conduct an in-depth analysis of clinical signs, take into account laboratory test results, and monitor patients dynamically.

Overall, the conducted study systematically highlighted the characteristics of the clinical manifestations of PE in the skin and mucous membranes. The results obtained are of great scientific and practical importance for the early detection of the disease, the assessment of its severity, and the development of effective treatment strategies.

List of references

1. Habif T.P. Clinical Dermatology: A Color Guide to Diagnosis and Therapy. Philadelphia: Elsevier, 2016.
2. Fitzpatrick T.B., Kang S., Amagai M. Dermatology. - 9th ed. - New York: McGraw-Hill Education, 2019.
3. Bolognia J.L., Schaffer J.V., Cerroni L. Dermatology. - 4th ed. - Elsevier, 2018.
4. Scully C., Porter S. Oral mucosal disease: recurrent aphthous stomatitis and erythema multiforme. - British Journal of Oral and Maxillofacial Surgery, 2008.
5. Neville B.W., Damm D.D., Allen C.M., Chi A.C. Oral and Maxillofacial Pathology. - 4th ed. - St. Louis: Elsevier, 2016.
6. Trayes K.P., Love G., Studdiford J.S. Erythema multiforme: recognition and management. American Family Physician, 2019.
7. Huff J.C. Erythema multiforme and latent herpes simplex infection. — Seminars in Dermatology, 1992.
8. Lamoreux M.R., Sternbach M.R., Hsu W.T. Erythema multiforme. American Family Physician, 2006.
9. Weston W.L. Herpes-associated erythema multiforme. — Journal of Investigative Dermatology, 2005.
10. Auquier-Dunant A., Mockenhaupt M., Naldi L. Severe cutaneous adverse reactions. Lancet, 2002.
11. Roujeau J.C., Stern R.S. Severe adverse cutaneous reactions to drugs. New England Journal of Medicine, 1994.

pISSN:2349-5707 Volume:13,Issue 4, April -2026 eISSN:2349-5715

12. Paquet P., Pierard G.E. New insights in erythema multiforme. - Dermatology Reports, 2010.
13. Usmanov Kh.Kh. Fundamentals of Dermatology and Venereology. - Tashkent: Abu Ali ibn Sino Publishing House, 2017.
14. Karimov M.A. Skin and venereal diseases. — Tashkent: Ilm Ziyo, 2020.
15. Akhmedov A.A. Fundamentals of Clinical Dermatology. — Tashkent: Science and Technology, 2018.
16. Sadikov R.S. Diseases of the oral mucosa. - Tashkent: Medical Publishing House, 2019.
17. Abduvaliev N.N. Allergic diseases and their clinical features. - Tashkent: Yangi asr avlodi, 2021.
18. WHO. Guidelines for the management of severe adverse skin reactions. - Geneva: World Health Organization, 2020.
19. CDC. Herpes simplex virus and associated conditions. - Atlanta: Centers for Disease Control and Prevention, 2021.
20. James W.D., Berger T.G., Elston D.M. Andrews' Diseases of the Skin: Clinical Dermatology. - 13th ed. - Elsevier, 2019.