Emergency and Specialist Medicine Guideline for management of Erythroderma	University Hospitals of Leicester NHS NHS Trust Trust Reference Number C18/2022

1. Introduction and Who Guideline applies to

This guideline is intended for clinical staff working in acute medical specialities and emergency medicine when the Dermatology on call service is closed (overnight and after 5pm at weekends and Bank Holidays

2. Guideline Standards and Procedures

Erythroderma is a term used to describe erythema affecting more than 90% of the body surface. The term exfoliative dermatitis is also used and describes the exfoliation (skin peeling) found in erythroderma.

Causes of erythroderma

- Eczema (including atopic, seborrhoeic and allergic contact dermatits)
- Psoriasis
- Idiopathic
- Drugs - most commonly associated drugs include the sulphonamides, ACE inhibitors, antibiotics, antimalarials, anticonvulsants, NSAIDs and TCAs
- Sézary syndrome form of cutaneous t-cell lymphoma associated)
- Rare causes - include pityriasis rubra pilaris, pemphigus foliaceus, bullous pemphigoid, dermatomyositis, graft versus host disease, haematological malignancies such as Hodgkin's lymphoma and leukaemia and those usually presenting at birth eg ichthyosiform erythroderma

Clinical features

- Erythema affecting more than 90% of the body surface
- Scaling appears 2-6 days after onset of erythema
- Skin can be warm to touch; patients often feel cold and shivery
- Keratoderma ie thickened skin on the palms and soles
- Nails become thickened and ridged
- Eye swelling and ectropion
- Lymphadenopathy

Assessment

ABCDE
Check oral and genital mucosal surface, nails, lymph nodes and for organomegaly
Assess fluid balance
Monitor for secondary infection, dehydration, hypothermia, and higher output cardiac failure

Investigations

Blood tests including FBC,U&Es,LFTs,CRP and blood cultures if temperature spikes
Skin swabs and MRSA swabs from nose and groin

Management

- Admit if the patient is systemically compromised, high-risk patients eg elderly and living alone, in poor general health or multiple medical comorbidities
- Large quantities of emollients such as hydromol ointment 2-4 hourly
- Emollin spray as an additional moisturiser 2-4 hourly
- Dermol 500 to wash daily
- Consider stopping all non-essential medications
- Start on appropriate antibiotics if any signs of bacterial infection

Refer to Dermatology via ICE (service referrals)

3. Education and Training

This topic is covered in the Dermatology GIM Teaching session

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
n/a for guidance only				

5. Supporting References

Useful links
https://www.pcds.org.uk/clinical-guidance/erythroderma
https://dermnetnz.org/topics/erythroderma

6. Key Words

Dermatology

Erythroderma

CONTACT AND REVIEW DETAILS	
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Details of Changes made during review:	