Clinical and other Notes

ERYTHEMA NODOSUM (NODAL FEVER).

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Having read a book, recently published by Dr. Alfred Austin Lendon, of Adelaide, Australia, in which the author (who has collected notes of sixty-three cases) maintains that erythema nodosum is an acute specific fever, and that its course is marked by a prodromal stage, a stage of eruption, and by a period of convalescence, I was much struck with his description of the disease, more especially as I had a case under treatment in the Royal Infirmary, Dublin, at the time. The description of the disease in our ordinary text-books on medicine is extremely brief in some cases, and in others it is not dealt with at all; whilst in books devoted especially to diseases of the skin, it is classed amongst the Erythema multiforme, and described chiefly with reference to the local manifestations in the skin, whereas it will be seen by the description of the case which follows, that it is more like a specific fever. It is preceded by a prodromal stage, which lasts from four to twelve days, in which the symptoms are chiefly those of general malaise with headache, furred tongue, shivering fits, constipation, vague abdominal pains, and the occurrence of conjunctival phlyctenulae. Exacerbation of these symptoms, with a rise of temperature, usually occurs on the third or fourth day before the rash makes its appearance. The rash is first seen on the legs, the individual nodes varying in size from a threepenny piece to those with an area of three inches or more. They are at first bright red, oval in shape, raised, hard, painful and tender to pressure; their distribution being, as a rule, in the long axis of the limb. About the third day they fade and become of a dull purplish colour; about the tenth day they have the appearance of a bruise; the skin then becomes crinkled with a form of branny desquamation, and finally there is a colourless thickening of the skin left where the nodes previously existed. The nodes never suppurate, and they do not all come out at once, but in crops, so that all stages of the eruption may be seen at the same time in the one patient. A copious rash may be taken generally as an index to the severity of the attack. The pain referable to the nodes is of a dull, aching character, and is much increased by placing the limb in a dependent position. The temperature rises on the third or fourth day before the appearance of the eruption, and persists until the rash commences to fade. After the disappearance of the rash, the state of convalescence begins, and the chief feature of this stage is the marked debility of the patient, which persists for a considerable time after the temperature has become normal and the marks of erythema nodosum have disappeared. During the convalescent stage, after all signs of the eruption have disappeared, the patient complains of a heavy, dull, aching pain in the legs, most marked when they are put to the ground. One attack does not protect against subsequent ones.
Four types of the disease have been described: (1) With rheumatic complications; (2) with gastro and abdominal symptoms; (3) with sore throat (enlarged tonsils, with general congestion); (4) relapsing type.

These different types may be combined with one another. Having briefly reviewed the various stages of the disease, I will describe the case which came under my care:—

Private J. Q., Royal Irish Rifles, aged 19\textfrac{1}{2} years, a rather weakly-looking man, was admitted into the Royal Infirmary, Dublin, on February 9th, 1906, suffering from abdominal pain, chiefly referable to the sigmoid flexure and descending colon; the pain was severe and was increased by any pressure. Temperature on admission 98·6° F. in the morning, 101° F. in the evening; tongue was much furred, tonsils enlarged, throat congested, bowels constipated, urine high coloured, acid, and free from albumen. Patient stated that he had been feeling ill for about a fortnight prior to his coming to hospital, during which time he had been suffering from headache, constipation and shivering fits, which were followed by sweating. A somewhat faded erythema nodosum rash was seen on his legs, and he stated that it had existed for a week prior to his admission to hospital. The symptom which caused the most distress was the abdominal pain. Patient did not complain of his legs being painful until the question was asked. The abdominal pain, which I believe was of a neuralgic character, was very severe during the course of the disease, and varied as to its situation, sometimes being referred to the region of the caecum, sometimes to the sigmoid flexures and descending colon, and sometimes to the region of the liver and spleen (no enlargement of these organs was detected). The abdomen was retracted, and pressure appeared to aggravate the pain. The pain was paroxysmal in character, usually commencing in the afternoon or evening and lasting from four to eight hours; while it existed the patient used to lie on his side, doubled up, and in great distress. On two occasions there was bilious vomiting associated with the attack of pain. The abdominal pain occurred daily from February 9th to 11th, when it disappeared, the temperature becoming normal \textit{(vide chart)}; it recommenced on February 19th, the day after the appearance of the second crop of nodes, and occurred daily until March 4th. From February 9th to 11th the patient gradually improved, and he was allowed to sit up on February 12th, but had to remain in bed on February 14th, owing to the painful condition of his legs when up. The temperature began to rise again on February 17th, and a profuse crop of erythema nodosum appeared on the legs on February 18th, this crop appearing about fifteen days after the first crop. Coincident with this he complained of considerable abdominal pain, which was more severe some days than others; occasionally morphia was necessary to allay it. Constipation existed throughout the disease. Owing to his general appearance—flushed face, dry furred tongue, abdominal pain and tenderness, high temperature and peculiar odour from the
Clinical and other Notes

Body—it was thought that he might have enteric fever as well as erythema nodosum, but a Widal's blood test gave a negative result on February 26th. No cardiac murmur was developed during the disease. On February 24th he suffered from acute idiopathic orchitis on the left side, which gradually subsided under treatment. The temperature began to fall gradually on the 27th, coming down to 99° F. in the morning, and was normal morning and evening on March 6th. He was allowed up for an hour on March 14th, but could only sit with his legs elevated, owing to the pain which resulted when they were placed in a dependent position. Patient was extremely weak, and his convalescence, though uneventful, was very slow and prolonged. He gradually regained strength, and was discharged to duty on April 14th, after having been sixty-four days in hospital.

Clinical Chart.

Corps, Royal Irish Rifles; Hospital, Royal Infirmary, Dublin; Rank and name, Private J. Q.; Age, 19 years; Service, 1½ years; Disease, erythema nodosum; Date of admission, February 9th; Result, cure; Discharged to duty, April 14th.

Comments.—Erythema nodosum is comparatively rare in adults, and is usually seen at the outdoor department of hospitals, where it is generally looked upon merely as an interesting skin affection, whereas, as this case shows, it may be an acute disease, complicated with high fever and considerable abdominal pain; it may run a prolonged course, and be followed by marked debility. If it was not known that these febrile symptoms and severe abdominal pains, &c., are sometimes associated with the disease, some uncertainty might exist as to their diagnosis. After seeing the case which I have described, I cannot but think that the disease called erythema nodosum is more than a skin affection, and that it is probably a specific fever. What its relation, if any, is to rheumatic fever, I am not prepared to say. In this case the patient suffered from enlarged tonsils, from paroxysmal abdominal pain (which may have been neuralgic), from an attack of idiopathic orchitis, and from supra-orbital neuralgia. All these might be associated with a rheumatic diathesis. There were no lesions of joints, no muscular pains, and no cardiac affection.