

# The Occurrence and Clinical Aspects of Erythema Multiforme in the Oral Cavity

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**Abstract** Exudative erythema multiforme is a polyetiological disease characterized by lesions of the skin and mucous membranes, most commonly involving the oral cavity. Despite numerous studies, the etiopathogenesis of the condition remains insufficiently understood, and multiple endogenous and exogenous factors, including chronic foci of infection, viral agents, reduced immune reactivity, hypovitaminosis, stress, and hypothermia, are considered triggers of the disease. The present study aims to improve the effectiveness of local therapy for exudative erythema multiforme of the oral cavity through the use of the preparation Holisal. A total of 61 patients were examined and divided into two groups: the comparison group (30 patients) received standard therapy, while the main group (31 patients) received Holisal as a topical treatment. Clinical evaluation was based on the dynamics of pain symptoms and the rates of epithelialization. The main group demonstrated a faster reduction of pain symptoms (day 4 versus day 8 in the comparison group) and earlier initiation of epithelialization (day 3 versus day 6). Complete healing occurred on days 7–8 in the main group and days 12–13 in the comparison group. Statistically significant differences were observed in the healing processes between groups ( $p < 0.001$ ). The findings indicate that Holisal has a more pronounced therapeutic effect than conventional treatment, ensuring faster pain relief and accelerated regeneration of oral mucosal lesions. Effective management of exudative erythema multiforme should also include identification and elimination of the provoking factors, systemic desensitizing and anti-inflammatory therapy, and preventive measures against recurrence, especially in infectious-allergic forms of the disease.

**Keywords** Multidimensional exudative erythema, Clinical aspects, Dental status

## 1. Introduction

In the first case, they speak of a toxic-allergic (symptomatic) form of multiform exudative eczema, and in the second case, they speak of an infectious-allergic (idiopathic) form. Toxic-allergic variants of erythema multiforme account for only up to 20% of all cases of the disease, while the majority of them are associated with exposure to infectious agents. As is known, erythema multiforme exudative is a polyethological disease characterized by damage not only to the skin, but also to the mucous membranes, mainly the oral cavity. It has been established that erythema multiforme exudative is characterized by etiopolymorphic clinical manifestations on the skin and mucous membranes of the oral cavity, often manifested primarily in the oral cavity. The etiological and pathogenetic aspects of erythema multiforme exudate have not been clarified to date. Multiform factors are triggers in the development of this disease, such as foci of chronic infections in the oral cavity, decreased reactivity of the body,

hypovitaminosis, the presence of viral infections, hypothermia, stress conditions [1,3,5,6].

Currently, it has also been established that subjective manifestations in the form of bad breath, limited food choice, difficulty in opening the mouth and smiling freely affect the emotional state of the patient and lead to various changes in the psychological sphere, leading to an inferiority complex in erythema multiforme exudative. The integral characteristics of the patient's physical, psychological, emotional, and social functioning, based on their own criteria for perceiving their own condition, characterize the quality of life. Based on the above, it can be said that the issues of early diagnosis and timely treatment of erythema multiforme in the oral cavity remain very relevant. The aim of the work: To increase the effectiveness of treatment of multiform exudative erythema of the oral cavity by using the new drug Holisam. Materials and research methods Depending on the local treatment we carried out, all the examined patients (61 people) were divided into two groups: the first (control) group (30 people) received traditional treatment, the second received the drug Holisam (31 people). Patients with erythema multiforme exudative were examined at the dental center of the Bukhara State Medical Institute. The study of the dental condition was conducted by oral interview and clinical examination of

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Received: Oct. 8, 2025; Accepted: Nov. 6, 2025; Published: Nov. 14, 2025

Published online at <http://journal.sapub.org/ajmms>

patients with erythema multiforme exudative. Initially, the medical history of the disease was studied, then the patient's complaints, the reason for going to the doctor, previous and concomitant diseases, profession, bad habits and exogenous and endogenous risk factors (smoking, social living conditions, professional working and living conditions, etc.) were identified. Visual examination of the oral cavity assessed the depth of the vestibule of the oral cavity, the condition of the frenulum of the upper and lower lip. The color of the oral mucosa, the presence of swelling, and hyperemia of the mucous membranes were determined. All the data obtained before and after the treatment was subjected to statistical processing. To diagnose the disease, a dermatologist conducts a thorough examination of the rash and dermatoscopy. When collecting medical history, attention is paid to the connection with the infectious process or the administration of medications. To confirm the diagnosis of multiform exudative eczema and exclude other diseases, smears are taken from the surface of the affected areas of the skin and mucous membrane. Erythema multiforme exudative is differentiated with pemphigus, disseminated form of SLE, nodular erythema. The rapid dynamics of the rash, the negative Nikolsky symptom, and the absence of acantholysis in the fingerprint smears make it possible to differentiate erythema multiforme from pemphigus [2,4,6].

With fixed forms of erythema multiforme exudative, differential diagnosis with syphilitic papules should be performed. The absence of pale treponemes when examined in a dark field, the negative reactions of PCR, RIF and RPR make it possible to exclude syphilis. The infectious-allergic variant has an acute onset in the form of general malaise, headache, fever, muscle pain, arthralgia, sore throat. After 1-2 days, rashes appear against the background of general changes. In about 5% of cases, they are localized only on the oral mucosa. 1/3 of the patients have lesions of the skin and oral mucosa. In rare cases of multiform exudative eczema, there is damage to the genital mucosa. After the rash appears, the general symptoms gradually disappear, but may persist for up to 2-3 weeks. Skin rashes with erythema multiforme are located mainly on the backs of the feet and hands, on the palms and soles, on the extensor surface of the elbows, forearms, knees and shins, and in the genital area. They are represented by flat edematous papules of red-pink color with clear borders. Papules rapidly increase from 2-3 mm to 3 cm in diameter. Their central part sinks, its color becomes bluish. It may have blisters with serous or bloody contents. The same blisters appear on seemingly healthy areas of the skin. Polymorphism of rashes is associated with the simultaneous presence of pustules, spots and blisters on the skin. Rashes are usually accompanied by a burning sensation, sometimes itching is observed. When the oral mucosa is affected, the elements of erythema multiforme are located in the area of the lips, palate, and cheeks. At the beginning, they are areas of delimited or diffuse redness of the mucous membrane. After 1-2 days, blisters appear on areas of erythema multiforme, which open after 2-3 days and form erosions. By merging with each other, erosions can invade the entire

oral mucosa. They are covered with a gray-yellow coating, the removal of which leads to bleeding. In some cases of erythema multiforme exudative, mucosal damage is limited to several elements without significant pain. In others, extensive erosion of the oral cavity prevents the patient from talking or even eating liquid food. In such cases, bloody crusts form on the lips, which makes it difficult for the patient to open his mouth. Skin rashes resolve on average after 10-14 days, and disappear completely after a month. The process on the mucosa can take 1-1.5 months. The toxic-allergic form of erythema multiforme usually has no initial general symptoms. Sometimes there is a rise in temperature before rashes. By the nature of the elements of the rash, this form practically does not differ from infectious-allergic erythema. It can be fixed and widespread. In both cases, the rash usually affects the oral mucosa. In the fixed variant, during relapses of erythema multiforme exudative, rashes appear in the same places as before, as well as on new skin areas. The recurrent course of erythema multiforme exudative with exacerbations in the spring and autumn seasons is characteristic. With the toxic-allergic form of the disease, the seasonality of relapses is not so pronounced. In some cases, erythema multiforme exudative has a continuous course due to recurrent recurrences.

## 2. The Results and Their Discussion

The results of local treatment in the oral cavity in patients with erythema multiforme exudative in the main group and the comparison group showed that by the end of the study, all patients positively assessed the effectiveness of the therapy. When studying the effectiveness of traditional and basic treatment, the oral mucosa was assessed by patient complaints (pain symptom), changes in the area of lesions, and healing time between groups. A decrease in pain symptoms was noted on day 8 in the comparison group, on day 4, respectively, in the main group. Assessing the timing of epithelialization of desquamated areas, the healing of pathological foci in the main group began on day 3, in the comparison group on day 6. Complete epithelialization occurred in the main group on day 7-8, in the comparison group on day 12-13. Statistically significant differences in the healing zones of foci in the oral cavity in patients with erythema multiforme in the main group and the comparison group were observed after 14 and 28 days ( $p < 0.001$ ). Treatment of erythema multiforme exudative of the oral cavity includes the elimination of provoking factors (for example, a toxic allergic reaction), local therapy and general treatment. Antihistamines, detoxification therapy (heavy drinking, enterosorbents) are used for general treatment, antibiotics are used for secondary infection, as well as local remedies for relieving inflammation and healing.

Elimination of the cause: In case of toxic-allergic form, it is important to identify and exclude the allergen. They prescribe copious drinking, diuretics and enterosorbents to remove the allergen substance from the body. • Desensitizing therapy: Antihistamines (e.g. chloropyramine, clemastine) are indicated to reduce allergic reactions. • Antibiotics:

It is used only with the development of a secondary infection against the background of mucosal damage. • Antiviral drugs: They can be prescribed, since the herpes virus is often the cause of erythema. • Vitamin therapy: Vitamins are prescribed for general strengthening of the body. • Corticosteroids: In severe cases, corticosteroids (for example, betamethasone) may be indicated, but they are often not required in mild forms. • Vascular preparations: Sometimes medications are prescribed to strengthen the vascular wall and antiplatelet agents. Local treatment • Antiseptics: Treat the affected areas with antiseptic solutions such as chlorhexidine or furacilin. • Rinsing: It is recommended to rinse your mouth with chamomile decoctions or solutions containing chamomile extract (for example, Rotokan). • Applications: Prescribe applications with antibiotics, proteolytic enzymes or ointments based on corticosteroids with antibacterial components. • Oil solutions: The use of oil solutions, such as sea buckthorn oil, to lubricate the affected areas of the mucous membrane. • "Chatterboxes" with zinc: The external use of "chatterboxes" with zinc for a drying effect. Based on the results of the conducted studies, it can be concluded that when applied topically in the treatment of erythema multiforme exudative, Holisal has the most effective therapeutic effect than traditional treatment. Prevention of recurrence of erythema multiforme exudative in the infectious and allergic form is closely related to the identification and elimination of chronic infectious foci and herpes infection. For this, the patient may need to consult an

otolaryngologist, dentist, urologist and other specialists. With the toxic-allergic variant of erythema multiforme exudative, it is important to avoid taking the disease-provoking medication.

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