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# RECURRENT POST-HERPETIC ERYTHEMA MULTIFORME, HERPES LABIALIS AND SECONDARY VITILIGO IN SIBLINGS

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Presence of recurrent herpes labialis with resultant secondary vitiligo associated with recurrent erythema multiforme further leading to depigmentation of skin in relation to target shaped maculopapular lesions in two real sisters was observed as a unique phenomenon which probably has not been reported earlier.

**Key Words : Erythema multiforme, Herpes labialis, Genetic**

## Introduction

Erythema multiforme (EM) is an acute, self-limited immunological reaction pattern induced either by drugs or by various infections as herpes simplex virus, Mycoplasma pneumoniae, lymphogranuloma inguinale, hepatitis B, psittacosis or by malignancies, lymphomas or by collagen disorders.[1] 65% cases of recurrent EM give history of preceding herpes labialis.[2] In recurrent EM, herpes labialis precedes it by several days to 2 weeks and occasionally both may be seen simultaneously.[3] Postherpetic EM showed stronger association of HLA DQ w3 (88.8% with a relative risk of 9.41) and all cases of recurrent EM expressed DQw3 antigen (relative risk of 44.2).[4] HLA-B15 association with EM was reported earlier to it.[5] EM associated with secondary depigmentation is rare.[6]

## Case Reports

**Case 1** : A 21-year-old female had recurrent herpes labialis since 3 years and associated secondary vitiligo lip since 2½ years. In addition, she had episodes of recurrent papular type of classical EM localised to sunexposed areas ie, face, extensors of hands and forearms with resultant occasional depigmented macules in skin in relation to target shaped EM papules since 2½ years. Attacks of EM were more during spring and Kobner's phenomenon was positive on the forearm. Time interval between herpes labialis and EM episode was not definite. She was first observed by me two years back when diagnosis of herpes labialis was confirmed by demonstration of balloon cells in Tzank smear and was given oral and topical acyclovir. Herpes labialis has not recurred but EM episodes recur at varied intervals with development of occassional new depigmented macules. Dapsone 150mg daily, antihistaminics and topical steroids were given for episodes of EM. As no recurrence of herpes labialis was observed since 2 years after course of oral acyclovir and depigmentation was persisting, 15mg prednisolone daily was added 6 months back and after that progressive repigmentation has occurred. Only partial depigmentation lip is persisting now.

**Case 2** : Another 18-year-old female, real younger sister of case 1 developed similar disease of herpes labialis with resultant depigmentation lip and EM with depigmentation 6 months back and both were observed with fresh typical target shaped erythematous maculopapular lesions of EM on sunexposed areas and depigmentation of lip and occasional depigmented macules in old healed EM papules. Four months back she came with active lesions of herpes labialis and

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smear for balloon cells was positive. Just like first case she was given oral and topical acyclovir for herpes labialis which has not recurred since then. For EM she was given dapsone 150mg daily, antihistaminics and topical steroids. EM papules disappeared by 20 days but depigmentation is still persisting and some improvement of depigmented skin macules is seen.

## Discussion

Combination of herpes labialis with secondary vitiligo is known and relationship of herpes labialis with recurrent EM is known and relationship of depigmentation of skin with EM is also known, yet combination of all the diseases in two sisters was very interesting and unique. Thus like genetic markers, above clinical pattern in two real sisters provide good support that genetic predisposition plays significant role in recurrent EM associated with herpes simplex virus infection which represents a distinct subtype of EM.[7]

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