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Stevens-Johnson and Mycoplasma Pneumoniae: A Scary Duo

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A 15-year-old male was hospitalized with painful blisters on the lips and ulcers in the oral mucosa that were preceded by upper respiratory infection symptoms for 1 week. He had not been treated with antimicrobials. He subsequently developed conjunctival injection and painful blisters at the urethral meatus and symmetric scattered target lesions in the extremities. Examination demonstrated low-grade fever, mild conjunctival injection (Figure 2), and oral vesicular lesions affecting the lips (Figure 1) and both the hard and soft palate; he had vesicular lesions affecting the glans penis, a ruptured vesicle at the urethral meatus and target lesions in the arms (Figure 3) and legs (Figure 4). His cardiopulmonary exam was normal. He was started on acyclovir and azithromycin, and symptomatic treatment with oral lidocaine and morphine. Serologies for Epstein-Barr virus (EBV), cytomegalovirus (CMV) and Coxsackievirus and cultures for herpes simplex virus (HSV) were negative. Mycoplasma pneumoniae immunoglobulin G (IgG) and IgM titers were significantly elevated (>4-fold) and the diagnosis made of Stevens-Johnson syndrome (SJS) secondary to Mycoplasma pneumoniae infection. He was able to tolerate oral intake after a 1-week hospital course.

M. pneumoniae infection can cause mucocutaneous involvement varying from mild mucositis to SJS with signifi-

cant morbidity and mortality,^{1,2} mostly in the pediatric population. The differential diagnosis includes HSV, Kawasaki, and Streptococcal toxic shock syndrome, as well as other viral infections (eg, *Coxsackievirus*).³ Pharmacologic causes especially antibiotics, non steroidal anti-inflammatory drug (NSAIDS) and anticonvulsants—should also be considered in the etiology of SJS⁴ especially in the adult population.

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FIGURE 1. Oral vesicular lesions and mucositis. [Color figure can be viewed in the online issue, which is available at wileyonlinelibrary.com.]



FIGURE 2. Mild conjunctival infection. [Color figure can be viewed in the online issue, which is available at wileyonlinelibrary.com.]



FIGURE 3. Target lesions. [Color figure can be viewed in the online issue, which is available at wileyonlinelibrary.com.]



FIGURE 4. Target lesions. [Color figure can be viewed in the online issue, which is available at wileyonlinelibrary.com.]

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