Mycoplasma pneumoniae Induced Rash and Mucositis

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An 8-year-old girl, admitted to hospital with lobar pneumonia associated with significant respiratory distress and vomiting, was started on intravenous ampicillin. Two days after admission (seventh day of disease progression), she presented with:

- Swelling, blistering and hemorrhagic ulcerations of the oral mucosa (Fig. 1), causing significant pain and discomfort, compromising oral feeding;
- Worsening conjunctival hyperemia (Fig. 2);
- Scarce macular, rounded, well-defined, targetoid skin lesions (Fig. 3) on the face, abdomen and inferior limbs (< 1%).

Due to persistent fever and suspicion of an atypical agent infection, ampicillin was replaced by clarithromycin, gradually improving respiratory symptoms. Daily ophthalmological examination was performed until symptom resolution. Oral and skin lesions resolved within three weeks after topical treatments (oral mixture of lidocaine, nystatin and bicarbonate and cutaneous application of betamethasone and fusidic acid). No immunoglobulin or systemic corticosteroids were administered. Blood tests showed positive immunoglobulin M (IgM) for *Mycoplasma pneumoniae* and seroconversion four weeks after infection.

Mycoplasma pneumoniae is a common cause of respiratory infection, sometimes associated with extra pulmonary complications, including mucocutaneous eruptions.[1] In 2015, a new entity was described: *Mycoplasma pneumonia* induced rash and mucositis, morphologically and pathophysiologically distinct from Stevens-Johnson syndrome and erythema multiforme, with a milder disease course.[2] It is characterized by minimal or absent skin involvement (vesicobullous and/or targetoid lesions) and prominent mucositis, with predominant involvement of oral mucosa, although urogenital lesions could appear at a fewer extent.[3] The addition of a steroid therapy to macrolide could be beneficial to shorten the clinical course.[3] Recurrence is infrequent.[2]

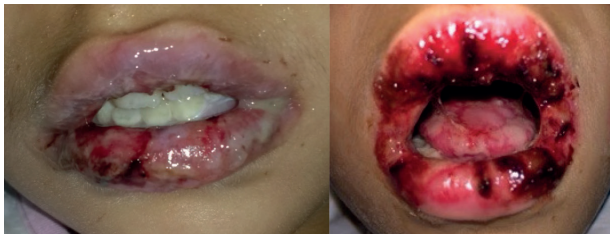

Figure 1. Significant oral mucositis in two different stages of evolution.

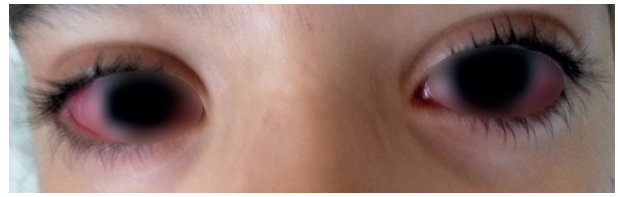

Figure 2. Conjunctival hyperemia.

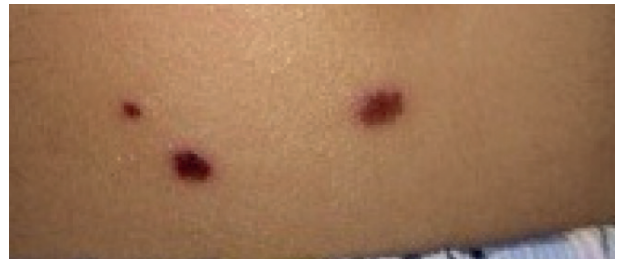

Figure 3. Scarce targetoid skin lesions on abdomen.

Keywords: Child; Mycoplasma pneumoniae; Pneumonia, Mycoplasma/complications; Pneumonia, Mycoplasma/drug therapy; Mucositis/etiology; Rash/etiology

WHAT THIS REPORT ADDS

- Mycoplasma pneumoniae induced rash and mucositis is morphologically and pathophysiologically distinct from Stevens-Johnson syndrome and erythema multiforme.
- It presents with prominent mucosal involvement and minimal or absent skin lesions.
- The association of corticosteroids could shorten the clinical course.
- *Mycoplasma pneumoniae* induced rash and mucositis has a milder disease course and an overall good prognosis, rarely recurring.

Conflicts of Interest

The authors declare that there were no conflicts of interest in conducting this work.

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Confidentiality of data
The authors declare that they have followed the protocols of their work centre on the publication of patient data.

Awards and presentations
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