

Mycoplasma-Induced Toxic Epidermal Necrolysis with Severe Mucositis



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A previously healthy 7-year-old girl complained of malaise, high-grade fever (39°C), and red eyes with burning sensation for 2 days. The patient had been generally healthy. There was no family history of frequent infection. The patient received ibuprofen. Eruptions started on the face 3 days later and then spread. No drugs had been used during the previous 8 weeks. Physical examination 7 days later showed a florid mucocutaneous dermatosis. The conjunctiva was injected and discharging. The lips were swollen with ulceration and purulent discharge. Numerous tender, tense bullae on an erythematous base were noted on her cheeks (Figure 1, A). There were many atypical target lesions on the trunk, extremities, and palms. (Figure 1, B). Vaginal adhesions were also found and completely resolved after blunt dissection.

Stevens-Johnson syndrome (SJS) was diagnosed. Supportive care, intravenous azithromycin, intravenous methylprednisolone, and intravenous immunoglobulin were started. The patient had persistent high-grade fever (39°C-40.5°C) with mild nonproductive cough, and there was extensive epidermal necrolysis. There were more spreading bullous lesions, and detachment of skin was more than 40% body surface area on day 12 of the illness (Figure 1, C). Seroconversion of *Mycoplasma pneumoniae* antibodies in our patient occurred (Table I). Although biopsy was not performed, toxic epidermal necrolysis (TEN) induced by *M. pneumoniae* was diagnosed by dermatologists. She subsequently improved with severe hemorrhagic conjunctivitis and stomatitis (Figure 1, D). She was discharged 2 weeks later with moderate hemorrhagic stomatitis. Prednisone was tapered over 1 month. Hemorrhagic stomatitis with depapillation of the tongue was still present on day 34 (Figure 2, A). Hemorrhagic stomatitis was completely resolved on day 50, but dry eye still persisted (Figure 2, B).

Drugs have been implicated in approximately 75% of SJS/TEN cases.¹ *M. pneumoniae* infection has been documented as a cause of SJS, especially in children.² *Mycoplasma*-induced rash

TABLE I. Seroconversion of *M pneumoniae* antibodies in our patient

<i>Mycoplasma</i> serology*	IgM	IgG (AU/mL)
Day 7	Negative	0
Day 14	Equivocal	7
Day 20	Positive	13
Day 34	Positive	103
Day 64	Negative	33.5
Normal range	Negative	0-33

*Day 1 is the day the illness began.

and mucositis in children and young adults was recently reported,³ which is distinct from *M. pneumoniae*-associated erythema multiforme or SJS. Few documented cases of *M. pneumoniae* associated with TEN have been reported.⁴ The mortality is almost 10% for patients with SJS, approximately 30% for patients with SJS/TEN-overlap, and almost 50% for patients with TEN.¹ The mortality rate of children with SJS/TEN was lower than that reported in adults, but the long-term mucosal sequelae should never be neglected.^{1,5}

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FIGURE 1. **A**, Conjunctiva with discharge; lips were swollen with purulent discharge; and tender, tense bullae on an erythematous base were on her cheeks. **B**, Widespread atypical target lesions on the trunk, extremities, and palms. **C**, Detachment of skin was more than 40% body surface area. **D**, Severe hemorrhagic conjunctivitis and stomatitis.



FIGURE 2. **A**, Hemorrhagic stomatitis with depapillation of the tongue 2 weeks after discharge. **B**, Hemorrhagic stomatitis completely resolved with skin hyperpigmentation and hypopigmentation.