Journal of Clinical and Medical Images

Clinical Image

ISSN 2640-9615 |Volume 5

Mycoplasma Pneumoniae-Associated Stevens-Johnson Syndrome

Laura McCarron* and Patrick Gavin

Our Lady's Children's Hospital Crumlin Dublin, Ireland

*Corresponding author:

Laura McCarron,
Our Lady's Children's Hospital Crumlin
Dublin, Ireland, E-mail: mccarrlc@tcd.ie

Received: 01 Nov 2021
Accepted: 13 Nov 2021
Published: 18 Nov 2021
J Short Name: JCMI

Citation:

Laura McCarron, Mycoplasma Pneumoniae-Associated Stevens-Johnson Syndrome. J Clin Med Img. 2021; V5(18): 1-6

1. Clinical Image

A previously healthy eight-year old boy presented with history of fever, cough, lethargy and lip swelling. He was on no medication. Chest radiograph was normal. within 48 hours, he developed marked conjunctivitis, mucositis of mouth and urethra and scattered target lesions of his limbs (Figure 1-3). *Mycoplasma pneumoniae* IgM was positive. A diagnosis of *Mycoplasma pneumoniae* associated Stevens Johnson Syndrome (SJS) was made. He responded slowly to intravenous fluids, antibiotics, analgesia and dressings, and was discharged one-week later.

SJS is a rare potentially life threatening immune-mediated reaction characterised by severe mucocutaneous symptoms. Drug hypersensitivity is most frequently implicated but infections such as *M. pneumoniae* are increasingly recognised as inciting agents in the paediatric population. Rare outbreaks of *Mycoplasma pneumoniae* associated SJS have been reported, characterized by extensive mucositis, especially ocular disease, less severe skin manifestations and a more benign course.