Reactive Infectious Mucocutaneous Eruption

Adverse **mucocutaneous reaction** following bacterial and/or viral respiratory infection (*most commonly *Mycoplasma pneumoniae**)

PATHOPHYSIOLOGY

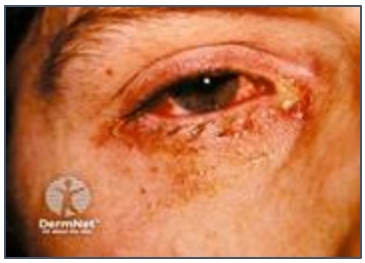
2 proposed mechanisms:

1. **Indirect:** Infection → B cell proliferation & antibody production → complement activation & complex deposition → tissue damage
2. **Direct:** Bacteria located at the site of infection release cytokines leading to tissue damage

PRESENTATION

History

- Typically affects children and adolescents (mean age of 12)
- Prodrome of cough, fever, and malaise
- Development of mucositis ~1 week after prodrome



https://dermnetnz.org/topics/sjs-ten-images

PHYSICAL EXAM

Mucosal (often ≥ 2 sites affected)

- Hemorrhagic crusting on the lips, buccal mucosa erosions
- Bilateral purulent conjunctivitis may be present
- Urogenital lesions present in ~60% of patients

Skin

- If skin is involved, common locations include trunk & extremities
- Variable appearance, targetoid vesiculobullous most common

DIAGNOSIS

Diagnosis is mainly **clinical**

Diagnostic criteria:

- Clinical, radiographic, or laboratory evidence of infectious trigger (respiratory pathogen panel, ↑CRP, CXR, + serology)
- At least 2 of;
  - Vesiculobullous/atypical target skin lesions affecting <10% body surface area
  - Erosive mucositis in ≥ 2 sites
  - No history of medication trigger

DIFFERENTIAL DIAGNOSIS

- Drug-induced epidermal necrolysis
- Erythema multiforme
- Hand, foot, mouth disease
- Aphthous ulcers
- Kawasaki disease

Potential complications include:

- Post-inflammatory pigment alteration
- Ocular synechiae, corneal ulcerations, genital scarring

https://dermnetnz.org/topics/mycoplasma-pneumoniae-infection

MANAGEMENT

Medical management:

- Systemic corticosteroids, cyclosporine, IVIG, etanercept

Supportive care:

- Nutritional support for poor oral intake
- Oral care (topical analgesia)
- Ophthalmology and urology consultation as indicated

Most patients experience a full recovery after 15-30 days

November 2025

Kylie Peake (Medical Student, University of British Columbia) & Dr. Joseph Lam (Pediatric Dermatologist, University of British Columbia) for www.pedscases.com