

Incomplete Stevens-Johnson Syndrome Secondary to Atypical Pneumonia

Anantharaman Ramasamy, Chiraush Patel, Christopher P Conlon
Department of Acute General Medicine, John Radcliffe Hospital, Oxford, OX3 9DU, UK

- Stevens-Johnson Syndrome is a well-documented extra-pulmonary manifestation of *M pneumoniae* infections
- Atypical Stevens-Johnson syndrome can present with only oral mucosa and conjunctival lesions alone, without the characteristic erythematous target skin lesions or genital involvement.
- Treatment of Stevens-Johnson Syndrome remains supportive along with treating the underlying pathology.

Case History & Presentation

An 19 year old man was admitted with one week history of shortness of breath, productive cough and pleuritic chest pain. Chest examination revealed scattered wheeze but no crackles. CT pulmonary angiogram showed ground glass opacification in keeping with early infection but no pulmonary embolism. CURB-65 score was 1 and he was started on co-amoxiclav. Forty-eight hours later, he developed multiple painful ulcers with yellow exudates throughout his mouth and conjunctival involvement with hyperaemia and purulent discharge. No lesions elsewhere were noted, in particular, examination of skin and genitalia were normal.

Diagnosis & Management

These lesions were characteristic of Stevens-Johnson Syndrome. Erythromycin was added to broaden antibiotic cover. PCR tests for *H simplex* and *V zoster*, urinary antigen for *L pneumophila*, serum antibody for HIV were all negative. Serology blood test showed mycoplasma complement fixation test titre >512, agglutination test positive and convalescent sample nine days postacute phase confirmed the diagnosis of *M pneumoniae*. Rare reported cases of incomplete Stevens-Johnson Syndrome, which lack the typical rash but retain oral, ocular and genital manifestations are confined to children. The treatment remains supportive along treating the pathology.



Figure 1: Painful oral ulcerations

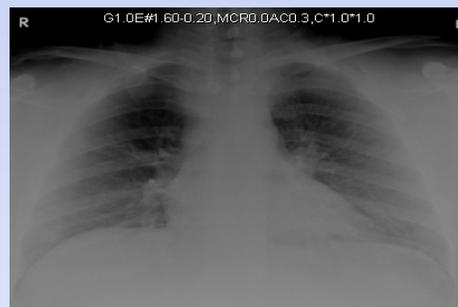


Figure 2: CXR at 48 hours

References

1. Stevens AM, Johnson FC. A new eruptive fever associated with stomatitis and ophthalmia; report of two cases in children. *Am J Dis Child* 1922; **24**:526-33
2. Vanfleteren I, Van Gysel D, De Brandt C: Stevens-Johnson syndrome: a diagnostic challenge in the absence of skin lesions. *Pediatr Dermatol* 2003; **20**:52-56