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Reactive Infectious Mucocutaneous Eruption: A Case Presentation

Reactive Infectious Mucocutaneous Eruption (RIME) represents a distinct clinical entity characterized by severe mucositis with variable cutaneous involvement, typically occurring in response to infectious triggers such as mycoplasma pneumoniae and Epstein-barr virus infections. This condition manifests with erosive mucocutaneous lesions of oral, ocular, and genital sites, often accompanied by systemic symptoms like fever and malaise. While this condition generally follows a self-limited course with spontaneous resolution occurring within several weeks, this disease remains a challenging and under-recognized clinical diagnosis. Here, we report a case of a 36-year-old healthy male who presented to University Hospital with a 2 week history of fever, generalized weakness, myalgias, and dermatologic manifestations including erythematous targetoid skin lesions of the trunk and extremities as well as painful mucosal erosions involving the oral cavity, conjunctiva, and genital mucosa. Laboratory testing revealed positive Mycoplasma pneumoniae IgM and elevated EBV IgG, suggesting potential infectious triggers to his current symptomatology. No medication exposures or alternative etiologies (autoimmune, malignancy, tick-borne, STI) were identified despite an extensive clinical workup over a period of weeks. Accordingly, this patient was diagnosed with RIME secondary to a recent mycoplasma pneumoniae or Epstein Barr infection. The patient was treated with supportive care, including intravenous fluids, pain management, and topical corticosteroids for mucosal inflammation. Symptoms subsequently improved over two weeks without long-term sequelae. RIME remains an underrecognized entity, and early diagnosis is crucial for appropriate management. Increased awareness of RIME can facilitate prompt identification and optimal treatment, leading to favorable outcomes.