

A Young Man with Red Eyes, Polymorphous Rash, and Mucositis—an On-the-Spot Diagnosis

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nutritional support, pain control, and removal of offending agents. Ocular involvement requires topical corticosteroids and antibiotics ³.

A previously healthy 18-year-old man presented with malaise, fever, and rash for 5 days. His only recent medication was amoxicillin for otitis media 2 weeks before symptom onset. Examination revealed conjunctival hyperemia, polymorphous rash, and labial, oral, and nasal mucositis (Figs. 1 and 2). Laboratory testing and a chest radiograph were unremarkable. Bacterial blood cultures, HIV testing, *Mycoplasma pneumonia* testing, and PCR for herpes simplex virus were negative. He was diagnosed with Stevens-Johnson syndrome (SJS) due to amoxicillin and his symptoms resolved after 3 weeks.

SJS and toxic epidermal necrolysis (TEN) represent a spectrum of severe mucocutaneous reactions characterized by skin necrosis and sloughing. In SJS, < 10% total body surface area (TBSA) is affected; TEN affects > 30% TBSA and SJS/TEN overlap affects 10–30% TBSA ^{1–3}. Medications trigger 66–75% cases, and the most common offending agents are sulfonamides, allopurinol, phenytoin, and NSAIDs ^{1–3}. A prodrome of fever and influenza-like symptoms occurs 4–28 days after exposure to the offending agent ³. Atypical target lesions and violaceous macules appear within 1–3 days of prodrome onset, with widespread blister formation that progresses to skin sloughing. Oral mucositis occurs in most cases, and ocular involvement occurs in 80% of cases with varying severity ^{1, 3, 4}. Treatment consists of wound care, fluid/



Fig. 1 Polymorphous skin rash and mucositis of the lips. The skin lesions included non-pruritic erythematous lesions, erupted vesicles in chest, targetoid lesions in palms, and areas of denuded skin in ears. The minimal suction generated by the EKG suction electrodes on the skin of shoulders caused erythematous lesions



Fig. 2 Feet and mouth manifestations. Targetoid lesions with darker center in foot. Severe mucositis of the lips and the buccal mucosa

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