

**Images in clinical medicine**

# Polymorphic erythema associated with mycoplasma pneumoniae

Leila Debono, Naima El Hafidi

**Corresponding author:** Leila Debono, Department of Pediatrics I, Children's Hospital of Rabat, Rabat, Morocco. leila.debono@gmail.com

**Received:** 20 Jun 2020 - **Accepted:** 30 Jun 2020 - **Published:** 28 Jul 2020

**Keywords:** Polymorphic erythema, mycoplasma, rash

**Copyright:** Leila Debono et al. Pan African Medical Journal (ISSN: 1937-8688). This is an Open Access article distributed under the terms of the Creative Commons Attribution International 4.0 License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Cite this article:** Leila Debono et al. Polymorphic erythema associated with mycoplasma pneumoniae. Pan African Medical Journal. 2020;36(224). 10.11604/pamj.2020.36.224.24439

**Available online at:** <https://www.panafrican-med-journal.com//content/article/36/224/full>

## Polymorphic erythema associated with mycoplasma pneumoniae

Leila Debono<sup>1,&</sup>, Naima El Hafidi<sup>1</sup>

<sup>1</sup>Department of Pediatrics I, Children's Hospital of Rabat, Rabat, Morocco

### **&Corresponding author**

Leila Debono, Department of Pediatrics I, Children's Hospital of Rabat, Rabat, Morocco

## Image in medicine

Male child, 6 and a half years old, followed for psychomotor delay from the age of 2 years with diagnosis of epilepsy put on sodium valproate for 3 years and in the absence of seizure control carbamazepine was added 2 months before admission. The patient had presented 5 days before his consultation a generalized erythematous rash with edemas of two lower limbs, a dry cough and a fever. He was initially treated as a meningococemia. On skin examination: generalized erythematous lesions with a rosette appearance, vesicular lesions in the lips. On admission to the service, the patient was put on

aciclovir, josamycin with discontinuation of carbamazepine. HSV 1 and 2 serology returned negative. Mycoplasma serology was positive for IgM and negative for IgG. The chest X-ray was normal. The skin biopsy was in favor of superficial dermatitis. The evolution was favorable with

progressive disappearance of the lesions. Aciclovir was discontinued due to the rapid improvement and negativity of serology and josamycin was discontinued after 14 days of treatment. The general condition improved in 48 hours and the skin lesions disappeared in 15 days.



**Figure 1:** polymorphic erythema associated with mycoplasma pneumoniae in a child of six and half years old