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**This Month in *JAAD Case Reports*:
March 2022. Reactive infectious
mucocutaneous eruption secondary to
SARS-CoV-2**



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A recent cross-sectional analysis of 666 patients with COVID-19 found that approximately 12% had changes to the oral mucosa. Transient anterior U-shaped lingual papillitis (11.5%), tongue swelling (6.6%), aphthous stomatitis (6.5%), burning sensation in the mouth (5.3%), and mucositis (3.9%) were the most common conditions described.¹ Reactive infectious mucocutaneous eruption (RIME) is a term the Pediatric Dermatology Research Alliance proposed to include pathogens associated with post-infectious mucositis, in addition to *Mycoplasma pneumoniae*. Although mycoplasma-induced rash and mucositis are specific to 1 cause, RIME encompasses cases attributed to rhinoviruses, enteroviruses, parainfluenzavirus 2, influenza B virus, and *Chlamydia pneumoniae*, among others.²

In the December 2021 edition of *Journal of the American Academy of Dermatology Case Reports*, Ryder et al³ report a severe case of RIME in a 17-year-old male after developing COVID-19. He initially presented with cough, fever, and fatigue and tested positive for SARS-CoV-2. A week later, he presented to the emergency department with pharyngitis and mucosal sloughing of the lips, hard and soft palates, and tonsillar pillars. After an extensive infectious disease work up and ruling out multisystem inflammatory syndrome in children, he was admitted for 5 days and treated with systemic corticosteroids. Four days after discharge, he was readmitted with worsening oral and new peri-urethral mucositis

Abbreviation used:

RIME: reactive infectious mucocutaneous eruption

despite intravenous methylprednisolone. He began to improve shortly after starting cyclosporine and was completely clear of mucosal lesions approximately a week after his second admission.

In a recent series of pediatric patients, 42% admitted to the hospital and 60% admitted to the pediatric intensive care unit for COVID-19 had mucocutaneous findings.⁴ Although multisystem inflammatory syndrome in children and toxic epidermal necrolysis/Stevens-Johnson syndrome need to be ruled out promptly in these patients, RIME should be added to the differential diagnosis.

Conflicts of interest

None disclosed.

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