Not All Rashes After Lamotrigine are SJS: A Curious Case of MIRM

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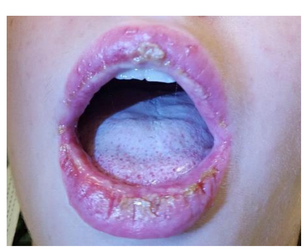
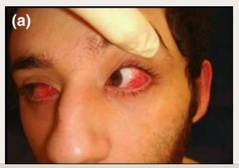
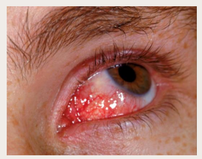
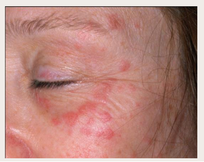
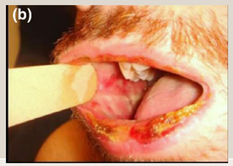
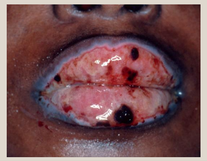
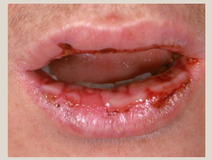
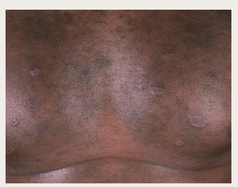
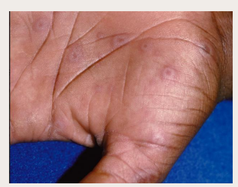
Background

- Lamotrigine is commonly prescribed as a **mood stabilizer** for maintenance treatment of **bipolar disorder**.
- Preferred in **reproductive age females** given **weight neutrality** and **low teratogenicity**.
- **Acute epidermolytic dermopathies** defined by an acute separation of the epidermis from the dermis[3]
    1. **Stevens - Johnson syndrome** (SJS)
    2. **Herpes-induced Erythema multiforme** (EM)
    3. **Mycoplasma Pneumonia induced mucositis and rash** (MIRM)
- Most well-known and lethal of these entities is SJS, but incidence with slow titration of medication is **0.4%**[1]
- We present the first reported case of **MIRM** in a patient on lamotrigine **initially thought to be SJS**

Case

- 19 yo F with **bipolar II** disorder presented to the ED with **mucositis** of the lips, oropharynx, and labia minora
- Recently initiated on **lamotrigine** 25mg → 50mg PTA
- Rash was considered SJS and lamotrigine was discontinued.
- Dermatology had MIRM high on the differential because of **insignificant cutaneous involvement** and **prodrome** of rhinorrhea, sore throat, and cough.
- IgM serology was positive for **Mycoplasma Pneumonia**, which confirmed MIRM.
- Treated with **methylprednisolone** and **fluconozole**.
- Per patient preference, **quetiapine** was started in lieu of lamotrigine.



	Mycoplasma Induced Rash + Mucositis (MIRM)	Steven-Johnson Syndrome (SJS)	Erythema multiforme (EM)
Pathophysiology	Mycoplasma pneumonia	Drug-induced	Herpes virus
Patient Population	Adolescents + young adults	Adults	Adults
Clinical Presentation			
Ocular lesions			
Mucosal lesions			
Other symptoms	Prodrome of respiratory symptoms. oral mucosa (94%), ocular conjunctivitis (82%) and/or urogenital lesions (63%) [2]	Extensive cutaneous rash 	Targetoid lesions 
Treatment	Oral corticosteroids +/- Antibiotics (treat pneumonia- correlate w/ imaging and clinical presentation)	Corticosteroids Supportive burn care	Acyclovir
Prognosis	Good	Poor	Fair

Discussion

- Our patient suffered an acute epidermolytic dermopathy. Several features distinguish the subtypes and aid in diagnosis.
- **MIRM:** exclusively on **mucosal surfaces,** more prevalent in **adolescents** and **young adults**. Prognosis is good.
- **SJS:** extensive **cutaneous involvement** on trunk and extremities. Prognosis is poor.
- **EM**: presents with **targetoid** cutaneous lesions. Prognosis is fair.
- **Lack of cutaneous involvement** and positive IgM helped confirm MIRM in this case
- Could have **restarted on lamotrigine**, but given initial fear for SJS, patient opted for quetiapine.

Conclusion and Recommendations

- CL psychiatrists should consider **diverse dermatologic** etiologies for acute onset erythematous rash.
- Highlights **importance of interdisciplinary management** when dealing with erythematous rashes.
- If determined a rash is not SJS, **can re-challenge** patients with lamotrigine

References

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