

OPHTHALMIC HOSPITALIST INTEREST GROUP NEWSLETTER

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Announcements

Join the Community!

What are OHIG members saying about in house sub-specialty coverage, Mucor COVID patients, and visual acuity triage for consults?

Check out the **AAO/OHIG online community** to find out!

We also invite you to introduce yourself in community. We have a wonderful group of providers with diverse backgrounds and experiences. Find out something new about your fellow OHIG member.

Click to join: [OHIG Community!](#)

Welcome New Members!

Thanks for joining OHIG! Please verify your information on the [OHIG website](#).

Thank you!



Image Source

Articles

[*Mycoplasma pneumoniae - Induced Rash and Mucositis as a Syndrome Distinct from SJS and EM, A Systematic Review, JAAD, Feb 2015*](#)

A review of mycoplasma induced rash and mucositis or “MIRM”, a distinct syndrome associated with mucositis and sparse cutaneous involvement.

[*Ophthalmic Findings of Mycoplasma Induced Rash and Mucositis \(MIRM\) Distinct from SJS, JAAPOS, Oct 2021*](#)

An article from Northwell by OHIG members Matt Gorski and Maggie Hymowitz describing ocular features of MIRM.

[*Reactive Infectious Mucocutaneous Eruption in Children Diagnosed with COVID-19, Pediatric Dermatology, Sept 2021*](#)

An interesting case of mucositis with oral, ocular, and genital involvement thought to be a result of COVID-19.

PEARLS



Butterfly IQ Portable Ultrasound



Check out this compact b-scan ultrasound probe that can be connect into a smartphone for rapid high quality bedside imaging.

[Click here](#)

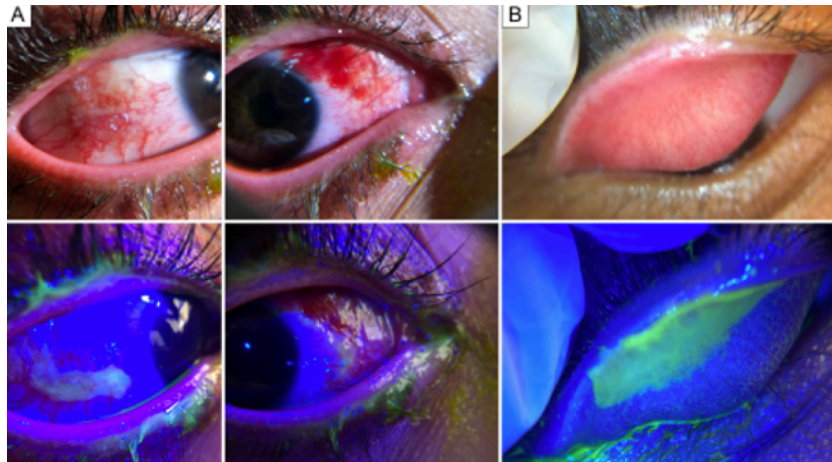
Tetanus From Ocular Injuries

History of tetanus immunization	Clean, minor wounds		All other wounds*	
	Tetanus-containing vaccine	TIG	Tetanus-containing vaccine	TIG
Unknown or if less than 3 doses in vaccine series	Yes	No	Yes	Yes
3 or more doses in vaccine series and less than 5 years since last booster dose	No	No	No	No
3 or more doses in a vaccine series and between 5 and 10 years since last booster dose	No	No	Yes	No
3 or more doses in vaccine series and more than 10 years since last booster dose	Yes	No	Yes	No

A helpful update from the AAO/ASOT featuring OHIG members **James Auran** and **Fasika Woreta** who review CDC guidelines for tetanus management for penetrating ocular injuries

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CONSULT ROUNDS



You are paged about a 17 yo vaccinated male with a history of recent COVID infection who presents to the ER with mouth ulcers and bilateral eye injection x 1 week.

He was seen 1 week prior at an urgent care facility where he complained of cough, trouble swallowing, body aches, and congestion. No fevers or other systemic symptoms. He was noted to have pharyngeal exudates and placed on oral Keflex and a mouth rinsing agent. His symptoms did not improve so he decided to come to the ER.

On exam, he is 20/20 OD, 20/25 OS, without APD. His intraocular pressures are 13 OU. His anterior segment is notable for 1-2+ injection in both eyes, nasal staining of the conjunctiva in the right eye and temporal staining of the conjunctiva in the left eye. Upon lid eversion, he has pseudomembranes under the right upper lid that are removed with a cotton swab. There are no corneal epithelial defects or stromal opacities in either eye. Dilated fundoscopic exam is wnl.

Dermatology evaluates the patient and reports no skin or genital lesions. The patient is felt to have an inflammatory mucocutaneous eruption secondary to COVID vs HSV. He is started on topical ofloxacin and prednisolone drops and preservative-free artificial tears every 2 hours in both eyes.

Laboratory work up is sent and comes back positive for Mycoplasma IgM and IgG titers. COVID PCR and HSV

antibody testing were negative.

The patient is diagnosed with Reactive Inflammatory Mucocutaneous Eruption or RIME (previously known as MIRM- mucocutaneous inflammatory rash and mucositis) secondary to *Mycoplasma pneumoniae*.

Patient is started on systemic steroids, although there is some discussion about low treatment efficacy for this typical self-limiting infection. Infectious disease opted to defer antibiotic treatment as *Mycoplasma* rapid viral testing was negative and clinical findings were thought to represent a post-infectious inflammatory process rather than active infection.

The patient's pseudomembranes and conjunctival staining resolved by Day 4 of hospital admission and he had no ocular sequelae in subsequent outpatient follow up visits.

Case Comments: Reactive inflammatory mucocutaneous eruption (RIME) is a recently proposed term used to describe cases of post-infectious rash and mucositis. This condition was previously referred to as mycoplasma-induced rash and mucositis (MIRM), however there are numerous cases that have been reported with non *Mycoplasma pneumoniae* causes including COVID-19.

Have you come across any similar cases of RIME/MIRM in your hospital/ER patients?
Share your answer and see what others have to say on the AAO/OHIG Community! [Click here](#)