

Recurrent mucosal erosions and violaceous patches



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Figure 1. Figure by Tyler J. Willenbrink, MD, Emily D. Henkel, BA, Brett H. Keeling, MD



Figure 2. Figure by Tyler J. Willenbrink, MD, Emily D. Henkel, BA, Brett H. Keeling, MD

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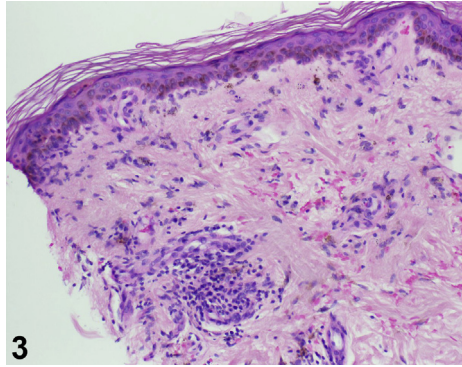


Figure 3. Figure by Tyler J. Willenbrink, MD, Emily D. Henkel, BA, Brett H. Keeling, MD

A 63-year-old man with coronary artery disease and end-stage renal disease on hemodialysis developed violaceous patches and mucosal erosions 24 hours following an admission for a cardiac evaluation, which included computed tomography angiography. He had a history that was significant for 4 similar, though less extensive, episodes, each following cardiac procedures with iodinated contrast and treated with supportive care. The patient noted facial involvement and mucositis with each previous episode. Examination revealed a well-appearing man in no acute distress with violaceous, circular patches, many with an erythematous border, on the face, buttocks, hands, and feet, as well as erosions on the oral and genital mucosae (Figs 1, 2). Review of systems was negative for fever, chills, malaise, weight loss, ocular pain, arthralgias, myalgias, shortness of breath, cough, or dysphagia. A punch biopsy specimen was obtained from the periphery of a representative lesion on the buttocks and histopathologic evaluation was performed with hematoxylin-eosin staining (Fig 3). The patient recovered over the course of 2 weeks following hemodialysis and oral prednisone.

What is the most likely diagnosis?

- A. Stevens-Johnson syndrome (SJS)
- B. Erythema multiforme (EM)
- C. Generalized fixed drug eruption (FDE)
- D. *Mycoplasma pneumoniae*-induced rash and mucositis (MIRM)
- E. Paraneoplastic pemphigus (PNP)

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