

Fuchs' syndrome in an adult male: A new case report

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Abstract

Fuchs' syndrome or Stevens-Johnson syndrome without skin involvement is an uncommon disease. It is manifested by the involvement of at least two mucous membranes. Atypical Stevens-Johnson syndrome is often associated with mycoplasma pneumoniae infection. The association with a herpes virus infection is exceptional. We describe a case of a young patient who consulted for oral and genital erosions and in whom the diagnosis of Fuchs' syndrome was retained on clinical and paraclinical arguments

Keywords: Fuchs' syndrome, mucosal involvement, absence of skin symptoms, mycoplasma infection, herpes virus

Introduction

Fuchs' syndrome (Stevens-Johnson syndrome without skin involvement) is a rare disease. Most authors consider it to be a pure mucosal variant of Stevens-Johnson syndrome; however, some consider the syndrome a separate entity. *Mycoplasma* infection, as a trigger factor of Fuchs' syndrome in adults [1]. We describe a case of a 20-years-old patient suffering only from mucosal symptoms, diagnosed as Fuchs' syndrome caused by the herpes virus.

Case report

A 22-years-old patient with antecedents of recurrent herpes, was admitted to the emergency room with a 3-week history of érythèmes and erosions on the glans penis, marked mucositis on the tongue and buccal mucosae, and crusting on the upper and lower lips (Figure 1) without associated respiratory symptoms, especially no fever or cough. The clinical examination showed no skin lesions, and His lungs were clear to auscultation. The chest x-ray was normal and the biopsy of the oral mucosa retained the diagnosis of bullous erythema multiforme. The patient was treated with valacyclovir 1g / day for 2 weeks. From the 3rd day a marked improvement was noted with cicatrization of the lesions of the oral mucosa. The evolution was marked after 10 days of treatment by a complete cicatrization of the lesions of the oral and genital mucosa (Figure 2).



Fig 1



Fig 2

Discussion

Stevens-Johnson syndrome (SJS) belongs to the spectrum of diseases affecting the skin and mucous membranes, together with erythema multiforme, toxic epidermal necrolysis (TEN), and transitional variant of SJS/TEN [2, 3]. The atypical variant of SJS is rarely reported. It is characterized by the complete absence of skin symptoms and with two or more mucosal sites affected. Most commonly, the disease affects the mucosa of the mouth, genitalia, and conjunctiva. This disease can be found in the literature under various above-mentioned synonyms [1]. Atypical Stevens-Johnson syndrome is often associated with mycoplasma pneumoniae infection. In our patient, the diagnosis of herpes infection was based on the following data:

1. several herpetic recurrences
2. no respiratory symptomatology, fever or cough
3. no abnormality to pulmonary auscultation or chest x-ray
4. the correct response to valacyclovir treatment without associated antibiotic therapy.

The risk of recurrence is low (<10%) [4], and complete recovery is typical.

Few cases of Fuchs' syndrome have been described to this day. To our knowledge they are all associated with mycoplasma pneumoniae infection.

Conclusion

Due to the absence of skin symptoms, the patient often seeks other specialists, particularly dentists, ophthalmologists, gynecologists, or urologists. All of our colleagues must be vigilant about this atypical symptomatology. The diagnosis of herpes should be kept in mind.

References

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