Discussion  |  Formerly known as *Mycoplasma*-induced rash and mucositis, RIME has arisen as the preferred terminology to include mucocutaneous eruptions that are caused by other infectious agents. This case describes RIME secondary to SARS-CoV-2 infection, details its resolution with systemic steroids, and notes the potential for recurrence with subsequent milder symptoms, as has been previously reported. The combination of anosmia and ageusia, multiple positive SARS-CoV-2 PCR tests, and no other identified contemporaneous infections (the elevated *Mycoplasma pneumoniae* IgG titer with low IgM titer and negative nasopharyngeal PCR likely indicated prior exposure) suggests SARS-CoV-2 as the infectious trigger. The sparse cutaneous involvement and lack of dusky targetoid lesions also distinguish RIME from Stevens-Johnson syndrome and erythema multiforme (which has been described in association with SARS-CoV-2 infection). Furthermore, RIME can be distinguished from the newly described multisystem inflammatory syndrome in children, which is associated with Kawasaki disease-like features, including mucocutaneous involvement, systemic symptoms, and dramatically elevated systemic inflammatory markers. This case highlights what is to our knowledge the first report of SARS-CoV-2-induced RIME and distinguishes this entity from other mucocutaneous eruptions with substantially different prognoses and treatment algorithms.

Zachary E. Holcomb, MD  
Sadaf Hussain, MD  
Jennifer T. Huang, MD  
Sophia Delano, MD

**Author Affiliations:** Harvard Combined Dermatology Residency Program, Department of Dermatology, Massachusetts General Hospital, Boston, Massachusetts (Holcomb); Dermatology Program, Boston Children’s Hospital, Boston, Massachusetts (Hussain, Huang, Delano).

**Corresponding Author:** Zachary E. Holcomb, MD, Dermatology Program, Boston Children’s Hospital, 300 Longwood Ave, Boston, MA 02115 (zholcomb09@gmail.com).

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