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### CASE REPORT

## Cytokine profiles in *Mycoplasma pneumoniae* infection-associated hemophagocytic lymphohistiocytosis



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A 3-year-old boy with *Mycoplasma pneumoniae* infection associated with hemophagocytic lymphohistiocytosis (MP-HLH) presented with an elevated level of serum interleukin-12 (IL-12) and lower levels of interferon- $\gamma$  and IL-10 compared to patients with Epstein—Barr virus infection associated with HLH (EBV-HLH). Unlike the patients with EBV-HLH, CD8<sup>+</sup> CD5<sup>low</sup> HLA-DR<sup>++</sup> T cells were not detected in our pediatric patient. Thus, the pathophysiology of MP-HLH may differ from that of EBV-HLH.

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### Introduction

Hemophagocytic lymphohistiocytosis (HLH) is a hyperinflammatory syndrome characterized by the uncontrolled activation and massive proliferation of macrophages and T

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cells with hypercytokinemia.<sup>1</sup> Although HLH and *Mycoplasma pneumoniae* (MP) infection can be comorbid, the mechanism of the pathogenesis remains unclear. Here we report on the changes in peripheral blood T-cell subsets and serum cytokine profiles observed in a boy with MP infection associated with HLH (MP-HLH).

#### Case report

A 3-year-old boy was admitted to a hospital with persisting fever and coughs for 4 days. He had been healthy before

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the onset of fever. A chest radiograph revealed massive infiltration in the right upper lung lobe, suggesting pneumonia. He was initially treated with clarithromycin and ampicillin/sulbactam, which were replaced with meropenem and minocycline, due to the possibility of penicillin-resistant *Streptococcus pneumoniae* and macrolide-resistant *M. pneumoniae* as causative agents. Because of a persistent high-grade fever and elevated serum levels of lactate dehydrogenase (LDH) and ferritin, the boy was referred to our hospital 4 days later. On admission, his laboratory findings were as follows: white blood cell count,  $4800/\mu$ L (neutrophils, 57.6%); hemoglobin, 11.9 g/dL; platelets, 116,000/ $\mu$ L; serum C-reactive protein, 59.4 mg/L (normal <3.2 mg/L); aspartate



**Figure 1.** (A) Bone marrow smear revealed hemophagocytosis by macrophage. (B) Flow cytometric analysis of CD5 expression on CD8<sup>+</sup> T cells. CD5 downregulation was detected in Epstein–Barr virus-associated hemophagocytic lymphohistiocytosis (EBV-HLH) but not in *Mycoplasma pneumoniae*-associated HLH (MP-HLH). Values represent the percentage of the respective surface molecules expressing T cells. (C) Serum cytokine levels in MP-HLH, EBV-HLH, and severe MP patients before corticosteroid administration. Serum interleukin-2 (IL-2), IL-4, and IL-17 were not detected. IFN- $\gamma$  = interferon- $\gamma$ ; TNF- $\alpha$  = tumor necrosis factor- $\alpha$ .

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