



ACNE, ROSACEA, AND RELATED DISORDERS (INCLUDING HIDRADENITIS SUPPURATIVA)

CASE REPORT: SAPHO SYNDROME WITH ACNE FULMINANS AND POLYOSTEITE TREATED SUCCESSFULLY WITH GOLIMUMAB

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Background: SAPHO syndrome (synovitis, acne, pustulosis, hyperostosis, osteitis), a rare inflammatory disorder, is an association of distinct skin disorders and with osteoarticular inflammation. Its etiology remains unclear, and various treatment regimens frequently fail to control the disease.

Observation: A 18-year-old male has complained of abrupt worsening of your acne lesions after initiating treatment with isotretinoin, low fever, pain in the chest wall, right gluteal and difficulty in walking. Along the following days, pain has spread to his lower limbs and lumbar spine. Pain also has worsened in severity.

In the Laboratory evaluation, the C reactive protein levels were elevated, as well and erythrocyte sedimentation rate, but the antinuclear antibody (ANA) and rheumatoid factor were negative.

The magnetic resonance imaging demonstrated several osteoarticular changes.

The clinical and radiological osteoarticular manifestations in severe acne and the exclusion of other rheumatological conditions and infectious aetiologies allowed the diagnosis of SAPHO syndrome.

The treatment initially with sulfamethoxazole-trimethoprim, prednisone, pregabalin, and nonsteroid anti-inflammatory drugs (NSAID) has lead to no relief of symptoms, and then Methotrexate oral (7,5mg/wk) and golimumab (TNF inhibitors) were started with a remarkable positive clinical response along the period of twelve weeks.

Key message: SAPHO syndrome is a rare disease with a heterogeneous clinical presentation.

Usually manifests with bone pain associated with dermatological conditions(pustular





psoriasis, acne, suppurative hidradenitis) and osteoarticular manifestations.

The cause is unknown, but the *Propionibacterium* acne is considered an important trigger.

Usually, NSAIDs and the use of disease modifying antirheumatic drugs, particularly methotrexate and sulfasalazine, has been reported to be effective for treatment. Refractory cases are treated with anti-TNF agents (infliximab, etanercept or adalimumab).

This case presented with a rare combination of acne fulminans and osteitis of multiple joints with response to golimumab use, demonstrating that other TNF- α blockers can be considered in the therapeutic strategy of refractory cases.

