



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

NEUTROPHILIC ECCRINE HIDRADENITIS A CASE REPORT OF A RARE ENTITY

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Background: Neutrophilic eccrine hidradenitis (NEH) is a dermatoses affecting the eccrine glands in particular, characterised by acute, self-limited, inflammatory papules and plaques and has been most commonly described in association with acute myelogenous leukemia (AML) receiving chemotherapy.

Observation: A 45 year old male patient presented with multiple, reddish, painful eruptions involving the upper and lower limbs and lower back since 3-4 days. Patient was a known case of Acute Myelogenous Leukemia. had received the 3rd chemotherapy cycle with Cytarabine and Daunorubicin. history of similar episodes with earlier chemotherapy cycles which resolved with dark coloured spots.

Examination: multiple well defined erythematous macules and papules, and plaques, 0.5cm to 2cm in size, over extensor aspect of the lower limbs. Presence of erythematous, ill-defined nodules, of 1cm*1cm in size over the dorsal aspect of fingers and lower back. Deep dermal tenderness positive.

Histopathology: spongiotic epidermis with mild hyperkeratosis, dense periappendageal neutrophilic infiltrate in the dermis, particularly involving the eccrine coils. Dermal edema. no evidence of vasculitis.

Patient febrile with peripheral neutropenia.

Oral Prednisolone 0.5mg/kg/day was started for 7 days. Partial resolution of the lesions, later he was lost to follow up.

Key Message : Neutrophilic eccrine hidradenitis was first described by Harrist et al. in 1982 and Flynn et al. in 1984. NEH is associated with an underlying malignancy in 90% of cases, most commonly AML on chemotherapy. Cytarabine being the most common agent. Diagnosis is histological.

We have reported here a febrile neutropenic patient undergoing chemotherapy for acute myelogenous leukemia who presented with classic neutrophilic eccrine hidradenitis. We emphasize the necessity of a prompt diagnosis in order to prevent the use of multiple antibiotics and inadvertent use of other drugs. In our case, cytarabine was the drug likely responsible for NEH. Very few case reports are available with the classic presentation.

