



AUTOIMMUNE CONNECTIVE TISSUE DISEASES

SAPHO SYNDROME: A CASE REPORT

Ellene Papazis Alquati⁽¹⁾ - Luiza Catarina Fernandes De Negreiros⁽¹⁾ - Flávio Fernando Nogueira De Melo⁽²⁾ - Carolina Feres De Melo⁽³⁾ - Letícia Neves Martins⁽⁴⁾

Instituto De Dermatologia Professor Rubem David Azulay, Dermatology, Rio De Janeiro, Brazil⁽¹⁾ - Hospital Unimed Volta Redonda, Rheumatology, Volta Redonda, Brazil⁽²⁾ - Universidade Severino Sombra, Rheumatology, Vassouras, Brazil⁽³⁾ - Hospital Das Clínicas Da Universidade Federal De Minas Gerais, Rheumatology, Belo Horizonte, Brazil⁽⁴⁾

Background: The SAPHO syndrome (acronym of synovitis, acne, pustulosis, hyperostosis and osteitis) is characterized by osteoarticular and cutaneous manifestations. There is no gender predilection and the average age is between 30 to 50 years old. The etiopathogenesis is multifactorial: genetics, infectious and immunologic. The osteoarticular symptoms has insidious beginning, and can cause pain and lost function.

Observation: Male caucasian patient, 29 years old, started with acne fulminans in the face, back and trunk, associated with fatigue, fever and anorexia. Past 3 months started with low back pain and arthralgia in the knee and ankle, that evolved to arthritis. In 6 months lost 16 kilograms and difficult of mobilization and walk. The magnetic resonance imaging (MRI) of the left ankle showed joint effusion and soft tissue swelling added to fibular tendon tenosynovitis. Osteoarthritis and degenerative discopathy were noticed in the MRI of the lumbar spine. Initially the patient received treatment with nonsteroids anti-inflammatory drugs, besides the poor answer, methotrexate was associated. After 6 months the articular symptoms relapsed and adalimumab was prescribed in addition to methotrexate, with satisfactory skin and articular improvement.

Key message: It's a rare syndrome, the prevalence is about 1:10.000 in caucasians. The cutaneous manifestations can precede the joint symptoms in 30% of the cases. Men are supposed to have more severe acne. It seems that the gravity and the extension of the dermatologic commitment are not related with the rheumatologic impairment. The treatment remains a challenge and can include nonsteroidal anti-inflammatory drugs, antimicrobial therapy, bisphosphonates and the advent of the immunobiologic therapy is the most promising for the disease control, in addition to the multidisciplinary follow up.

