DERMATOPATHOLOGY

MOLLUSCOID SWEET SYNDROME: A RARE CLINICAL VARIANT

Christine Ahn [1] - Sean Mcgregor [2] - Omar Sangueza [1] - Lindsay Strowd [2]

Wake Forest School Of Medicine, Dermatology And Pathology, Winston Salem, United States [1] - Wake Forest School Of Medicine, Dermatology, Winston Salem, United States [2]

Background: Sweet syndrome, also known as acute febrile neutrophilic dermatosis, is a reactive neutrophilic dermatosis diagnosed by distinct clinical and histopathologic features. Sweet syndrome can masquerade as other entities, leading to misdiagnosis and delay in treatment. We describe two cases of molluscoid Sweet syndrome, a rare variant with one prior case report.

Observation:
Case 1: A 50-year-old female with a history of dialysis-dependent renal disease and recent hospitalization for bacterial endocarditis presented with crusted lip erosions and numerous large, skin-colored umbilicated papules and nodules on the face, chest, arms, and buttocks. The differential diagnosis at presentation included cryptococcosis, penicilliosis, and molluscum contagiosium. Skin biopsy and tissue culture were performed and the patient was empirically started on systemic antifungal therapy. Histology revealed papillary edema with a robust dermal neutrophilic infiltrate. PAS, GMS, mucicarmine and tissue culture were negative for organisms. Antifungal therapy was discontinued and the patient had resolution of lesions on prednisone 60 mg daily.
Case 2: A 41-year-old male presented to the emergency department with umbilicated papules and hemorrhagic vesicles on the dorsal fingers and wrists. A Tzanck smear revealed encapsulated bodies concerning for possible cutaneous fungal infection. A skin biopsy and tissue culture demonstrated papillary edema with a neutrophilic infiltrate in the superficial and mid dermis. PAS, GMS, mucicarmine stains and tissue culture were negative. The patient was diagnosed with Sweet syndrome and treatment was initiated with oral prednisone with subsequent improvement.

Key Message: Molluscoid lesions are a rare presentation of Sweet syndrome. Particularly in patients with underlying immunosuppression, molluscoid lesions are nearly pathognomonic of an infectious process. Despite variable clinical presentations, histopathology is especially valuable in diagnosing atypical cases of Sweet syndrome. Awareness of these atypical presentations of Sweet syndrome is important for correct diagnosis as treatments differ.