



DERMATOPATHOLOGY

RECURRENT NEUTROPHILIC DERMATOSIS OF THE FACE: A NEW ENTITY?

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Background: Sweet syndrome (SS) is the prototype of neutrophilic dermatosis (ND). We present an unusual case of recurrent facial ND with vegetative clinical presentation and we briefly review the published work.

Observation: A 23-year-old man presented with 4-month history of painful recurrent eruption on the face. His facial dermatosis initially presented as painful 10x12cm vegetative crusted plaque on the right cheek. He had no relevant medical history and denied any triggering factors. The patient's general state of health was good. The complete blood count revealed hyperleukocytosis with neutrophilia. Autoantibody screen and cultures of specimens of the lesions for bacteria and fungi were negative. This failed to respond to several antibiotics and resolved itself 3 weeks after initial examination. Two months later, he experienced a new relapse on the same area. Skin biopsy revealed massive dermal infiltrates composed of mainly neutrophils without leukocytoclasia or fibrinoid necrosis. Special stains and culture of skin tissue failed to indicate any infectious diseases. The diagnosis of ND was considered. Systemic examinations, including x-ray and endoscopy, detected neither internal malignancies nor inflammatory bowel disease. The patient responded promptly to treatment with oral prednisone and remained clinically stable at 12-month follow-up.

Key message: Although it's common to find overlapping presentation, our case is unique for the unusual clinical picture of relapsing vegetative plaque only limited to the face. To the best of our knowledge, only six possible cases of relapsing ND limited to the face have been reported in the literature. Abrupt onset of painful plaques on the face, leukocytosis, dense neutrophilic infiltrate and prompt response to steroids are features culminating in support this disease as a localized atypical form of SS. However, the main differences lie in the distribution, inconsistency of laboratory findings, lack of systemic symptoms and associated condition.

