



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

AN IDIOPATHIC SWEET SYNDROME PRESENTING LIKE PANNICULITIS

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Background: Sweet's syndrome, originally called acute febrile neutrophilic dermatosis, is presented by pyrexia, neutrophil leukocytosis, abrupt onset of skin lesions and histological findings of dense neutrophilic infiltrate without any evidence of primary vasculitis. The etiopathogenesis of Sweet's syndrome is unknown. The most of cases are idiopathic. Systemic steroids are the first line treatment in Sweet's syndrome. Systemic symptoms and cutaneous manifestations improve after starting therapy quickly. Sweet's panniculitis is a rare variant of Sweet's syndrome in which neutrophilic infiltrate could be found in the subcutaneous tissue.

Observation: A 49 year old man referred to our clinic from emergency department. He presented with a 4 day history of generalised tender erythematous papules, nodules and plaques also in palm and fingers, fever, myalgia, fatigue, red eye, sore throat, cough, pain on joints. Empirically levofloxacin was started in emergency due to fever. However antibiotic was stopped because blood, urine, and stool cultures for bacteria were negative. Any evidence for etiology like new medicine or other risk factors prior to symptoms was not found. Laboratory investigations revealed neutrophilic leukocytosis(80%), elevated erythrocyte sedimentation rate(104 mm/h). and positive C reactive protein(123 mg/L). Prostat Specific Antigen (PSA) level was also raised to 9.6 ng/ml. Both two major criteria and two of the four minor criteria for diagnosis of classical SS were met. A skin biopsy specimen from the lesions showed subcutaneous adipose tissue accompanied by polymorphonuclear leukocytes inflammatory infiltration without evidence of vasculitis. Patient's clinic and laboratory improved to a tapering course of systemic glucocorticoids rapidly.

Key Message: Especially when sudden onset deep nodular lesions are accompanied by systemic symptoms, many diseases, especially infectious, could be considered in the differential diagnosis. We aim to emphasize that Sweet syndrome can be present with deep nodules and plaques similar to panniculitis although sometimes there is no etiology.

