



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

SNEDDON-WILKINSON DISEASE IN A MIDDLE-AGED ASIAN FEMALE WITH DRUG HYPERSENSITIVITY REACTION TO DAPSONE SUCCESSFULLY MANAGED WITH COLCHICINE: A CASE REPORT

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Background: Sneddon-Wilkinson disease (SWD) is a rare recurrent neutrophilic dermatosis presenting as sterile pustules. It is important to recognize this disease since it can be associated with underlying systemic disease.

Observation: This is a case of a 49-year old Filipino female, with a three-year history of recurrent pustules and papules on the flexural areas of trunk and extremities. She was initially managed as a case of Candidal intertrigo, and responded to oral antifungal treatment. However, pustules would recur. A skin punch biopsy was done, and results were consistent with Subcorneal Pustular Dermatitis. She was then diagnosed to have SWD. Dapsone was given after clearance with normal baseline laboratory exams including G6PD levels. After 2 weeks of Dapsone, patient developed erythematous desquamating plaques on trunks and extremities. Despite the cutaneous lesion, no fever, jaundice, lymphadenopathy and abdominal tenderness were noted. Complete blood count, and liver function tests were all normal. Hence, a Dapsone Hypersensitivity Syndrome was unlikely. She was then managed to have a hypersensitivity reaction to Dapsone. Dapsone was discontinued and she was shifted to oral Colchicine. After 6 weeks of Colchicine therapy, lesions did not recur. Her serum free light chain panel were also normal. Patient was in remission for 6 months thereafter.

Key message: Based on literature, correlation of the clinical history, physical manifestations and histopathologic findings is important for a definitive diagnosis of SWD. At present, the drug of choice is Dapsone. However, in cases where Dapsone is not suitable, Colchicine is an alternative treatment, such as in our case. Though rare, it must be recognized early since patients may have underlying systemic diseases, most especially hematologic malignancy. Hence, close monitoring are advised even after treatment.

