INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

SUBCUTANEOUS SWEET SYNDROME: ABOUT A CASE

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Introduction: Subcutaneous sweet syndrome (SSS), an uncommon variant of the classic syndrome, is characterized by neutrophilic infiltration in either the hypodermis only, or in both the dermis and the hypodermis. The evolution is often chronic, with resistance to classical treatment and multiple recurrences. We report a new case of SSS.

Observation: A 54 year-old female patient, with a history of epilepsy since childhood under carbamazepine, presented with multiple, erythematous papules over the head and extremities. These lesions have appeared a week ago, after an episode of fever, chills and joints pain. Physical examination revealed the presence of multiple tender, erythematous, and swollen nodules over the face, forearms and legs. Some lesions had a bullous center. Laboratory tests showed leukocytosis with neutrophilia, increased C-reactive protein and elevated erythrocyte sedimentation rate. The biopsy specimen showed a dense neutrophilic infiltration involving the interlobular septa and fat lobule of the subcutaneous adipose tissue, with no evidence of vasculitis. Indeed, we retained the diagnosis of SSS, and the patient was given topical corticosteroids with a good evolution within two weeks.

Key words: SSS is a rare febrile neutrophilic dermatosis distinct from classic Sweet Syndrome. Some patients may present with a mix of both classical and subcutaneous lesions. The pathogenies of SSS is still not clearly understood. The diagnosis is confirmed by the association of clinical, biological and histological features. Indeed, SSS is characterized by nodules or plaque lesions associated with systemic symptoms such as fever or malaise. Histology shows subcutaneous lobular neutrophilic infiltrate. SSS is known to be strongly associated with myelodysplastic malignancies, but idiopathic forms exists. Although SSS is known to be recurrent and difficult to manage, there is no sufficient guidance treatment options. Our case is particular by a good evolution of lesions under topical corticosteroids.