INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

SUBCUTANEOUS SWEET SYNDROME IN A MULTIPLE MYELOMA PATIENT.

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Background: Sweet syndrome is characterized clinically by acute fever and skin eruption and histologically by dermal neutrophilic infiltrate, leukocytoclasis and papillary dermal edema in the absence of vasculites.
Herein, we describe a case of primary neutrophilic panniculitis occurring in the setting of multiple myeloma and demonstrate how the clinic and histopathologic features match subcutaneous Sweet syndrome.

Observation: A 63-year-old man with the diagnosis of multiple myeloma presented to the emergency room with deep-seated, erythematous, tender and painful nodules and plaques on the lower extremities. The patient was then admitted to the inpatient unit and was started on antibiotics to treat a suspected bacterial cellulitis. Dermatology was called to do differential diagnoses; a punch biopsy specimen from a painful plaque revealed predominantly lobular neutrophilic panniculitis with focal necrosis. Dermis was unremarkable. Special stains to search for microorganisms were performed without any finding. Tissue and blood cultures revealed no microorganisms. Based on the findings, a diagnosis of subcutaneous Sweet syndrome was made and patient was started on oral prednisone (0,5 mg/kg/d) with complete resolution.

Key Message: The subcutaneous form of Sweet syndrome is a rare variant which the infiltrate is exclusively located in the subcutaneous tissue. It may predominate in the fat lobules or in the septa, although lobular predominance is more frequent. This condition has been associated with myelodysplastic syndromes and hematologic neoplasms, such as acute myelogenous leukemia and multiple myeloma.
Neutrophilic panniculitis is a histologic pattern that may be seen in a variety of disorders and the diagnoses of subcutaneous Sweet syndrome should be done after exclusion of infective panniculitis, id reaction (panniculitic bacterid) and leukemia cutis, especially in a patient with a hematological desease. It is very important to do an extensive workup for a possible infectious cause before administration of steroids.