



SKIN CANCER (OTHER THAN MELANOMA)

PARANEOPLASTIC PUSTULAR SWEET'S SYNDROME IN A ELDERLY PATIENT WITH MYCOSIS FUNGOIDES

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Background: Sweet's Syndrome is an acute febrile neutrophilic dermatosis characterized by the sudden onset of tender, red-to-purple papules and nodules that coalesce to form plaques. The pustular variant is unusually reported. Approximately 20% of the reported patients have an associated cancer, mainly hematologic malignancies. However, its association with Mycosis Fungoides (MF), the most common type of cutaneous T-cell lymphoma, is exceptional.

Observation: We report the case of an 83-year-old man with MF diagnosed three years previously after the appearance of multiple erythematous and desquamative patches and plaques especially on the trunk and extremities. A biopsy reported epidermotropic skin infiltrate of atypical CD4+ T cells. These lesions were treated with corticosteroid, calcineurin inhibitor creams and urea lotion. After one year in clinical remission, he presented with multiple pustular red papules and plaques that were spreading in his chest, abdomen and back. These lesions were not pruritic. He complained of malaise and fever. Histologic examination showed intraepidermic pustules of neutrophils which encompass the entire epithelium with massive basal vacuolization and neutrophil exocytosis. Pandermal neutrophilic dense infiltration, erythrocyte extravasation, but no vasculitis. Laboratory findings included positive C-reactive protein, leukocyte count of 9, 800 with neutrophil blood count over 70%. Treatment with prednisone, 40mg/d, was initiated with rapid resolution of lesions.

Key message: The association of MF with Sweet's Syndrome is exceptional, but the pathophysiologic nature of this association remains unclear. It may involve neutrophil chemoattractant cytokine production by tumor cells. A triggering role of interferon alfa is also possible. In the present report of the clinical and histopathological diagnosis of pustular Sweet's syndrome, we considered it to be of paraneoplastic etiology, based on the laboratory tests and on the fact that the patient is known to have MF. Currently in the literature, this is the first case relating pustular Sweet's syndrome to MF.

