SKIN MANIFESTATIONS OF INTERNAL DISEASE

NEUTROPHILIC DERMATOSIS – AN ATYPICAL PRESENTATION

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Background: Neutrophilic dermatoses comprises of a heterogeous group of conditions. We report a case of a neutrophilic dermatosis, likely paraneoplastic in etiology, and may represent a new clinical variant of neutrophilic dermatoses.

Observation: A 77-year-old gentleman presented with a 1-week history of a papulopustular facial rash. He had a past medical history of essential thrombocytosis on hydroxyurea, and a 1.6cm lung nodule and 1.8cm mediastinal nodes that were presumed to be lung malignancy, which he declined further investigations for. A skin biopsy performed showed a dense neutrophilic infiltrate in the deep dermis, with occasional eosinophils. There was superficial dermal edema, and the epidermis and hair follicle epithelium showed mild lymphocytic exocytosis. There was no evidence of vasculitis. He was started on prednisolone 20mg OM for 10 days, with good response and thinning of lesions. He was then switched to colchicine 500mcg OM, but flared with extensive thickening and crusting of lesions over the next few weeks. He was restarted on a tapering course of prednisolone with near resolution within one month.

Key message: Despite the compatible histology and rapid response to systemic corticosteroid treatment, the morphology of the lesions were not compatible with Sweet's syndrome, or any other known neutrophilic dermatosis. This reports hopes to raise the awareness of a new clinical presentation of neutrophilic dermatosis, and to remind dermatologists to think about paraneoplastic processes when they encounter unusual skin eruptions that do not fit into typical diagnoses.