INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

SAPHO SYDROME INVOLVING LUNG, SKULL, DURA MATER

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The SAPHO syndrome, an acronym of synovitis, acne, pustulosis, hyperostosis, and osteitis, was first proposed in 1987 to describe the association between musculoskeletal disorders and various dermatologic conditions. It has been suggested that SAPHO is a polygenic autoinflammatory conditions, which are characterized by recurrent episodes of sterile inflammation without circulating autoantibodies and autoreactive T cells. A central feature in the dermatologic manifestations of SAPHO is neutrophilic pustular dermatoses, which represent a clinically heterogeneous group of disorders hallmarked by an accumulation of neutrophils in the skin. Extra-osseous and extra-cutaneous complications reported in SAPHO syndrome are thought to be related to direct mass effect of the adjacent hyperostotic bones or due to the intense systemic inflammation associated with the disease. Here, we reported a 24-years male patient complained of recurrent cough, fever, skin rash, joint and musculoskeletal pain for almost 12 months.
He was diagnosed as SAPHO syndrome involving lungs, skull and dura mater. Palmoplantar pustules, joint and musculoskeletal pain and fever disappeared 1 week after 40mg methylprednisolone was prescribed. Cellulitis-like lesion subside gradually in 2 weeks . Cough and persistent opacities found in the lung parenchyma by CT scan during the past 1 year decreased or disappeared 1 month later. Five to ten mg MTX was added for corticosteroid tapering. The patient is still in follow-up and no relapse was observed.