Case Report

Sweet's Syndrome: A Case Report

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ABSTRACT

Acute febrile neutrophilic dermatosis or Sweet's syndrome (SS) is characterized by painful, erythematous plaques of rapid onset accompanied by fever often with unknown etiology but may be due to internal malignancies, infections,drugs. A 35 year old female presented in dermatology OPD with red raised lesions associated with itching and burning since 10 days with known history of allergy to milk, milk products and fish. On examination : There were multiple erythematous plaques and few wheals which were blanchable on diascopy. Upon skin biopsy, the features were consistent with Sweet's syndrome. On blood investigations, neutrophilia was seen. ESR and CRP were raised. Treatment : The acute attack was controlled with oral corticosteroids (0.5mg/kg) and later Tab. Colchicine 0.5mg was added to control the disease.

Key words: Infections, Sweet's syndrome, Lesions

INTRODUCTION

Acute febrile neutrophilic dermatosis or Sweet's syndrome (SS) is characterized by painful, erythematous plaques of rapid onset accompanied by fever.[1] The etiology of SS is unknown, and it may be associated with antecedent infections, malignancies, autoimmune diseases, drugs and vaccines, upper respiratory or gastrointestinal infection, pregnancy, inflammatory bowel disease as well as chemotherapy or idiopathic.

CASE REPORT

A 35-year-old female presented in dermatology outpatient department with red raised lesions associated with itching and burning since 10 days. Patient also had history of allergy to milk, milk products and fish. The lesions were associated with fever and arthralgia. She was a known case of hypothyroidism and hypertension.

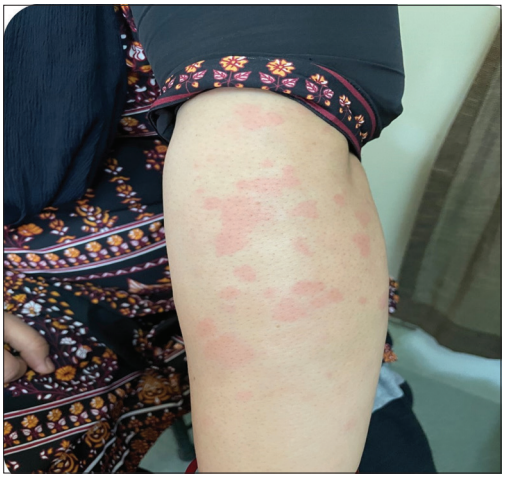

Figure 1: Multiple erythematous plaques and wheals over left upper limb

On Examination

There were multiple erythematous plaques and few wheals which were blanchable on diascopy.

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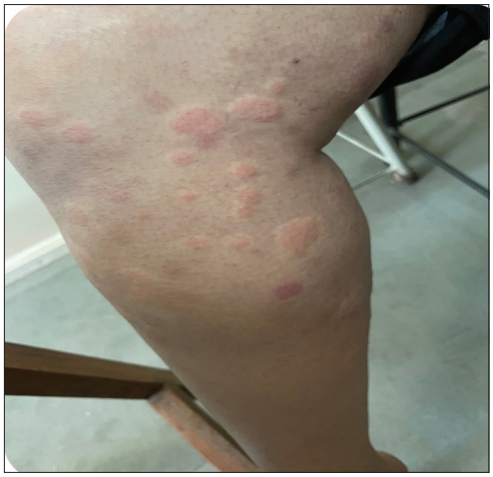

Figure 2: Multiple erythematous plaques and few wheals over the right lower limb

Dermographism was positive.

On skin biopsy, the superficial dermis showed loss of rete ridges and perivascular infiltrate composed of neutrophils and lymphocytes. These features were consistent with SS.

On blood investigations, neutrophilia was seen.

Erythrocyte sedimentation rate and C-reactive protein were raised.

Treatment

The acute attack was controlled with oral corticosteroids (0.5 mg/kg) and later she was shifted on Colchicine 0.5 mg BD to control the disease.

DISCUSSION

SS has no racial predilection; it is more common in females than males (3:1). Most cases are between the ages of 30 and 50 years. Its etiology is unknown mostly but has been associated with many conditions. When limited to the skin, SS is a benign condition which may resolve spontaneously but the most effective therapy is oral prednisone for 2–6 weeks.[2]

CONCLUSION

Accurate diagnosis is necessary to treat the patient. Although, the etiology is idiopathic most commonly, SS may be associated with life threatening conditions like malignancy which need to be diagnosed and treated accordingly.

REFERENCES

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