CASE

CC: Painful rash
38 yo F
PMH:
Carpal tunnel, IBS, obesity
PSH:
Carpal tunnel release, Gastric bypass
FHx:
No hx autoimmune disease, malignancy
SHx:
Smoker. Married. No contraception.
Exam

Pertinent Physical Exam
Vitals: T 97.8F, P 95, BP 112/76, R 18, SpO2 100% RA
Gen: Young woman with dyed hair. NAD
Eyes: PERRLA. EOMI. No conjunctivitis or other eye lesions.
Mouth: MMM. No ulcers or other oral lesions.
CV: Tachycardia. RR. Normal S1 and S2. No m/r/g.
Pulm: Good aeration throughout. CTAB. No w/r/r.
GI: Soft, nt, nd. Normoactive bowel sounds.
Skin: See Figures
Differential Diagnosis

Cellulitis
Bowel associated dermatitis arthritis syndrome
Erysipelas.
Wells Syndrome
Vasculitis
Pyoderma gangrenosum
Sweet’s Syndrome
Neutrophilic ecrrine hidradenitis
Erythema elevatum diutinum
Bechet Disease
LABS

12.5
11.7 (PMN 77%) >--------< 270
38

MCV 93

139  103  12
3.7  21  0.79 (baseline 0.6-0.8)

Lactic acid – 1.0

ESR -50

Urine pregnancy test – negative
BIOPSY

Leukocytoclasia – “destruction of white blood cells”
Sweet’s Syndrome

- Epidemiology
  - W>M; 30-60 yo

- Presentation
  - Pyrexia, painful rash

- Diagnosis
  - 2 Major Criteria
    - Abruptly appearing characteristic painful rash
    - Biopsy confirmation
  - 3 of 4 Minor Criteria
    - Pyrexia, Precipitant, Response to steroids (Prednisone) or potassium iodide
    - 3 of 4 lab abnormalities (ESR >20, pos CRP, WBC >8K, PMN > 70%)
Sweet’s Syndrome

- Pathophysiology
  - Poorly understood
  - Hypersensitivity? Cytokine mediated?

- Treatment
  - Steroids -> Prednisone
  - Potassium iodide
  - Plethora of alternatives

- Prognosis
  - Non-scarring
  - High recurrence
  - Harbinger/sign of malignancy (AML, GI/GU CA)
Prime Points for Preservation

- Premenopausal
- Painful rash
- Pyrexia
- Precipitant (including pregnancy!)
- Pathergy
- Prednisone or Potassium Iodide
- Precedes or Paired with Malignancy
- Pharmacy
Sweet’s Syndrome

References


Visual Diagnosis. Sweet's Syndrome.