SWEET DISEASE WITH BITTER DIAGNOSIS

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ABSTRACT

BACKGROUND
Some malignancies and drugs may present as fever and skin lesions known as febrile neutrophilic dermatosis.

MATERIALS AND METHODS
The present case was a rare presentation of fever and swellings further investigated and biopsy was taken and concluded.

RESULTS
In this rare patient, diagnostic criteria are satisfied for sweet syndrome as well as for SLE (Systemic Lupus Erythematosus).

CONCLUSION
Hence, it was concluded that long duration fever cases and skin lesions should be evaluated to rule out this syndrome.

KEYWORDS
Neutrophilic Dermatosis, SLE (Systemic Lupus Erythematosus).


BACKGROUND
Sweet syndrome represents an acute febrile neutrophilic dermatosis often associated with fever, first described by Sweet in 1964. It often presents in an idiopathic fashion. It has been observed to be associated with haematologic malignancies, autoimmune disorders and also induced by drugs. We report a case of sweet syndrome as the first presenting manifestation of SLE (Systemic lupus erythematosus) diagnosed in our hospital.

CASE REPORT
A 28-year-old married female presented to ACSR GMC, GGH Nellore, AP with complaints of fever since 2 months associated with multiple swellings over the body. High grade fever, intermittent with chills and multiple painful erythematous swelling over both upper and lower extremities, neck and abdomen. History of similar complaints in the past. Patient was suffering from the same complaint from the last three years with same duration.

On Examination
Multiple tender erythematous subcutaneous nodules were noted in neck and both forearms, skin over the swellings is normal and pinchable.

RESULTS
The present case was a rare presentation of fever and skin lesions and diagnosed as sweet disease.

DISCUSSION
Sweet syndrome is an acute febrile neutrophilic dermatosis. Dense neutrophilic infiltrate in the dermis which presents as erythematous papules, plaques or nodules associated with fever. The lesions take a pseudovesicular or pseudopustular appearance, although sometimes fully developed vesicles or pustules can develop. The lesion can be subcutaneous mimicking erythema nodosum, which cannot be differentiated unless a biopsy is taken. Lesions are usually painful, tender and typical sites include head, neck and upper extremities. Lesion usually develop abruptly and resolve over 1 to 3 weeks without any residual scarring and can recur in 30% of patients. In our patient diagnostic criteria are satisfied for sweet syndrome as well as for SLE (ACR criteria). a patient had polyarthralgia, anaemia, thrombocytopenia, ANA and DNA positive, 4 out of 11 are fulfilled for systemic

**Major Criteria**
Abrupt onset of tender or painful erythematous plaques or nodules, occasionally with vesicles, pustules or bullae.

Predominantly, neutrophilic infiltration in the dermis without leucocytoclastic vasculitis.

**Minor Criteria**
Preceding nonspecific respiratory or GIT infection or vaccination or associated with inflammatory disease, haemoproliferative disorders, solid malignant tumours or pregnancy.

Periods of general malaise and fever with body temperature above 38 degrees C.

Laboratory values during onset showing ESR greater than 20, positive CRP, segmented nuclear neutrophils, bands exceeding 70% in peripheral blood smears and leukocytosis exceeding 8000/micro L, at least three of these four values are necessary.

**CONCLUSION**
Thus, this sweet syndrome with bitter diagnosis was one of the rare case found in our Govt. General hospital, Nellore.

**REFERENCES**