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Sweet Syndrome of the Hands?

Irene Arevalo Ortega, Mikel Meruelo Ruano, Nekane Martinez Peña, Isabel Gainza Apraiz, Ane Lobato Izagirre

A 65-year-old woman consulted to the emergency department with a 2-week history of cutaneous lesions. On admission to the emergency room, the patient was presented with erythematous papules on both hands that were diagnosed as insect bites. Three weeks before, the patient suffered from jaw osteomyelitis treated with multiple antibiotics. At the time of admission to the emergency room, the patient presented erythematous papules that rapidly evolved into painful eryth ematous–violaceous plaques with large blisters of serum-hematic content on the back of both hands

Figure 1. Erythematous–violaceous plaques with large blisters of serum-hematic content on the back of both hands.

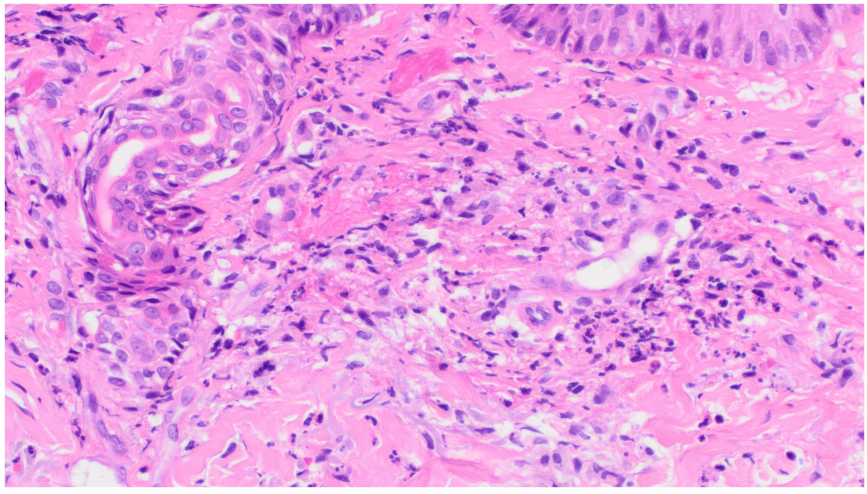

Figure 2. A dense neutrophilic infiltrate in the dermis with small areas of leukocytoclastic vasculitis.

Main points

- First described in 1995, neutrophilic dermatosis of the dorsal hands is an uncommon localized variant of Sweet syndrome
- It should be considered on a patient with erythematous-violaceous plaques and bullae in the acral region, leukocytosis with neutrophilia, and no systemic symptoms.
- There is a rapid improvement after systemic corticosteroids, so knowing this entity can help in early diagnosis and avoid unnecessary diagnostic techniques or treatments.

ORCID iDs of the authors:
I.A.O. 0009-0004-6843-8217;
M.M.R. 0000-0002-2906-8725;
N.M.P. 0009-0009-7641-6014;
I.G.A. 0000-0001-7404-9155;
A.L.I. 0009-0006-5907-2465.

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Department of Dermatology, Basurto University Hospital, Bilbao, Spain

Corresponding author:
Irene Arevalo Ortega
E-mail: irene.arevaloortega@osakidetza.eus

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(Figure 1). She had no fever or other systemic symptoms. Laboratory tests revealed leucocytosis with neutrophilia and increased acute phase reactants (APRs). A skin biopsy was performed showing a dense neutrophilic infiltrate in the dermis with small areas of leukocytoclastic vasculitis (Figure 2). Topical and systemic corticosteroids were started with rapid resolution of the lesions. Symptoms, histopathology, and its good evolution after the treatment with corticosteroids allowed for the diagnosis of neutrophilic dermatosis of the dorsal hands (NDDH). This entity was first described in 1995 by Strutton et al in a series of patients with skin lesions similar to those of the Sweet's syndrome, although limited to the back of the hands.[1] It mainly affects middle-aged women and presents with painful erythematous–violaceous plaques that could evolve into blisters or ulcers that characteristically affect the back of the hands. It can associate fever, neutrophilia, and increased APR but does not usually present systemic symptoms.[2] Histopathological exam reveals a neutrophil infiltrate with the inconsistent presence of leukocytoclastic vasculitis. To date, although there are only few cases reported in the literature, it is not so uncommon in routine clinical practice and it can be a localized form of Sweet's syndrome.[3] The first-choice treatment is oral corticosteroids; however, there is a high risk of recurrences that are treated with corticosteroids alone or associated with dapsone.In conclusion, NDDH is an uncommon disease but its knowledge along with an early diagnosis can avoid unnecessary aggressive treatments such as antibiotic therapy or debridement.

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