PS18 Sweetov sindrom

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Ključne riječi: akutna febrilna neutrofilna dermatoza; Sweetov sindrom; ulcerozni kolitis

UVOD: Sweetov sindrom (SS) ili akutna febrilna neutrofilna dermatoza, rijedak je kožni poremećaj kojeg karakterizira bolan kožni osip po licu, vratu i gornjim ekstremitetima uz vrućicu. Patogeneza Sweetovog sindroma nije poznata, no pojava bolesti povezuje se s infekcijama, nekim lijekovima, paraneoplastičnim i upalnim zbivanjima.
PRIKAZ SLUČAJA: 25-ogodišnji bolesnik sa od ranije poznatim ulceroznim kolitisom, hospitaliziran je zbog mučnine, povraćanja, proljeva uz primjese krvi do 10 puta dnevno i novonastalog generaliziranog osipa. Unatrag mjesec dana, bolesnik je zbog egzacerbacije ulceroznog kolitisa liječen metilprednizolonom te je započeto i liječenje azatioprinom. Fizikalnim pregledom pronađeni su pustulozni osip po licu, vratu i gornjim ekstremitetima, konjunktivitis, oralni ulkus i vrućica. Laboratorijski nalazi pokazivali su neutrofilnu leukocitozu (19,1x109 /L), povišen CRP (165,6 mg/L), mikrocitnu anemiju (Hb 107 g/L) i povišene vrijednosti fekalnog kalprotektina (421 µg/g). S obzirom na kliničke i laboratorijske nalaze postavljena je sumnja na Sweetov sindrom te je započeto antibiotsko liječenje (metronidazol, ciprofloksacin) uz metilprednizolon intravenozno. Po dospijeću pozitivnog nalaza Clostridium difficile toksina iz stolice u terapiju je uključen i vankomicin, nakon čega postupno dolazi do potpunog povlačenja kožnih lezija i normalizacije broja stolica te je bolesnik otpušten kući.
ZAKLJUČAK: Patogeneza Sweetovog sindroma vjerojatno je multifaktorijalna i nije još potpuno jasna. U ovom slučaju radilo se o bolesniku sa složenom kliničkom prezentacijom i preklapanjem simptoma povezanih s upalnom bolešću crijeva, gastrointestinalnom infekcijom i mogućom posljedicom liječenja azatioprinom.

Sweet's syndrome

Keywords: acute febrile neutrophilic dermatosis; Sweet’s syndrome; ulcerative colitis

INTRODUCTION: Sweet’s syndrome (SS) is an uncommon skin condition also known as acute febrile neutrophilic dermatosis. Most common clinical manifestations include fever and painful skin rash mostly localized on the face, neck, and upper extremities. Although there is no known cause of Sweet's syndrome, it can occasionally be triggered by infections, drugs and paraneoplastic or inflammatory conditions.
CASE REPORT: A 25-year-old male patient with a history of ulcerative colitis was admitted to hospital because of nausea, vomiting, bloody diarrhea up to 10 times per day and generalized rash. The patient’s medical history showed an exacerbation of ulcerative colitis that occurred one month ago and then he started taking azathioprine and methylprednisolone. On physical examination, pustular rash on the face, neck and upper extremities, conjunctivitis, oral ulcers, and fever were found. Laboratory findings showed neutrophilic leukocytosis (19.1x109 /L), increased CRP (165.6 mg/L), microcytic anemia (Hb 107 g/L) and increased levels of fecal calprotectin (421 µg/g). Clinical and laboratory findings were suggestive of Sweet's syndrome. His treatment included antibiotics (ciprofloxacin and metronidazole) and methylprednisolone. After finding Clostridium difficile B toxin in a stool test, he was also prescribed vancomycin. Upon complete resolution of the lesions and decreased number of stools to 3 or less per day, the patient was discharged home.
CONCLUSION: The pathogenesis of Sweet's syndrome may be multifactorial and remains to be definitively established. Our patient had a complex presentation with overlapping of symptoms from multiple conditions. In this case, it is unclear whether SS was provoked by gastrointestinal infection, ulcerative colitis, or azathioprine therapy.