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# An Erythema Nodosum Sweet-like Syndrome: Case Report

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## ABSTRACT

Erythema nodosum (EN) is the most frequent and best individualized of acute hypodermitis. Its diagnosis is mainly clinical and skin biopsy is not essential in typical forms. The causes of EN are very numerous: infectious, inflammatory, autoimmune, malignant, medicinal. Our patient had an atypical form made of erythema nodosum lesion sweet like syndrome confirmed by histological study.

**KEYWORDS**

Erythema nodosum, Sweet syndrome, Case report

## 1. INTRODUCTION

Erythema nodosum (EN) is a nodular hypodermitis, characterized by the sudden appearance of painful knots localized on the legs. The knots are non-fluctuating, deep, of erythematous surface evolving conventionally by the colors of the biligenesis; this is the clinical and typical form of EN. We report a case of EN under an atypical clinic, that of Sweet syndrome

## 2. CASE PRESENTATION

A 74-year-old woman, followed for hypertension for 7 years, for post-infectious erythema nodosum for 20 years, who has had a flu-like syndrome with angina for 18 days, 5 days later, appearance of hot painful erythematous lesions of the lower limbs, evolution was marked by an extension of the lesions becoming confluent (Figure 1). The rest of the clinical examination was unremarkable.

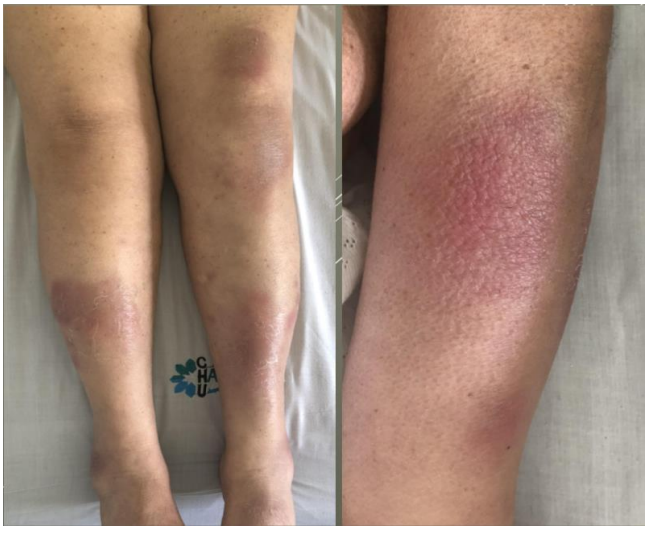

**Figure 1:** Edematous plaques and nodules on the anterior aspects of the legs.

The skin biopsy objectified a mainly septal hypodermitis compatible with an EN. The sedimentation rate was

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increased, antistreptolysin O antibodies, reactive protein C, intradermal tuberculin reaction, chest x-ray, transaminases, hepatitis B and C serology and parasitological stool examinations were normal

## 3. DISCUSSION

Sweet's syndrome (SS) is manifested by a sudden onset of fever, painful papules, nodules and red patches which may also be pseudovesicular or pustular, a high neutrophil count and a high rate of erythrocyte sedimentation, arthralgia and conjunctivitis, may also be present [1].

Histology shows a dense cutaneous infiltrate of mature neutrophils in the absence of vasculitis [2]. Systemic symptoms and skin lesions improve rapidly after starting treatment with systemic corticosteroids. The etiology of this syndrome remains unknown, and may occur in association with several other disorders [3,4].

The EN also has an acute picture, with the appearance of tense, erythematous to purplish nodules, symmetrical on the pretibial areas. The deterioration of the general state with fatigue of arthralgia, something which is common to Sweet syndrome and to the EN. Unlike the SS, histology reveals a septal panniculitis with a mixed inflammatory infiltrate, always in the absence of vasculitis. EN would therefore be a hypersensitivity reaction to multiple conditions [2].

The simultaneous occurrence of his two pathologies an individual is a rare entity in the literature. ED-type lesions accompanying Sweet's syndrome were biopsied and reported as septal panniculitis without vasculitis. Here, we report another case of EN syndrome but this time of an appearance of Sweet syndrome. The simultaneous appearance of the SS and the EN is not a random event, they are two entities which seem to be different clinical manifestations of a common and similar underlying mechanism [5].

## 4. CONCLUSION

Erythema nodosum (EN) is the most common clinicopathological variant of panniculitis. It can manifest itself in different clinical aspects, notably that of sweet syndrome, which is the particularity of our case report.

## 5. CONFLICTS OF INTEREST

Author declares that there is no conflict of interest.

## REFERENCES

1. Cohen PR, Kurzrock R (2003) Sweet’s syndrome revisited; a review of disease concepts. International Journal of Dermatology 42: 761-778.
2. Waltz KM, Long D, Marks JG, et al. (1999) Sweet’s syndrome and erythema nodosum; the simultaneous occurrence of 2 reactive dermatoses. Archive of Dermatology 135: 62-66.
3. Cohen PR, Holder WR, Rapini RP (1992) Concurrent Sweet’s syndrome and erythema nodosum; a report, world literature review and mechanism of pathogenesis. The Journal of Rheumatology 19(5): 814-820.
4. Cohen PR (2007) Sweet’s syndrome and erythema nodosum [letter]. Southern Medical Journal 100: 1057-1058.
5. Tabanlioğlu D, Boztepe G, Erkin G, et al. (2010) Sweet’s syndrome and erythema nodosum Case report. International Journal of Dermatology 49(1): 62-66.