<https://doi.org/10.47660/CBR.2020.17613>

SWEET'S SYNDROME ASSOCIATED WITH SYSTEMIC SCLEROSIS

Matheus Augusto Eisenreich^{1*}, Gabriel Karpowicz¹, Eduardo Gracioli¹

1.Universidade de Passo Fundo, Passo Fundo (RS), Brazil.

*Corresponding author: matheuseisenreich@hotmail.com

BACKGROUND

Sweet's syndrome (SS) is an acute neutrophilic dermatosis that manifests itself from the unusual inflammatory process with the appearance of painful, edematous and erythematous papules, plaques or nodules on the skin. Scleroderma is a disease that stands out for fibrosis of the skin and internal organs, impairment of small blood vessels and formation of autoantibodies.

CASE REPORT

A female patient, 48 years old, with a limited medical history of systemic sclerosis since 2017, diagnosed by Raynaud's phenomenon, digital necrosis, pitting scars, sclerodactyly, puffy hands and telangiectasias. Hospitalization in 2019 due to generalized maculopapular lesions for a month without response to antihistamines; initially in the hands, later migrating to members. The ectoscopy of the patient had erythematous maculopapular lesions delimited with a painful and nonpruritic aspect on the face, neck and upper and lower limbs. Laboratory tests with rheumatoid factor (RF), anti-SSB, anti-SM, anti-DNA, lupus anticoagulant, anticardiolipin (IgG and IgM), cryoglobulins, anti-HCV, HBsAg, VDRL and anti-HIV without changes. With a positive ANA 1/320 nuclear speckled pattern, positive anti-SSA and serum protein electrophoresis with polyclonal peak in gamma globulins of 2.4 g. Leukocyte count 13,930, neutrophils 79%, eosinophils 74, ESR 91, C-reactive protein 53, in addition to biopsy of the lesion with moderate interstitial neutrophilic infiltrate, with no signs of vasculitis. In current use of methotrexate 15 mg, folic acid 5 mg, amlodipine 10 mg. On admission, she was given prednisone 15 mg once a day, a lower dose than usual for SS to reduce the risk of scleroderma renal crisis, together with colchicine 0.5 mg twice a day, with good response and clinical improvement.

CONCLUSION

Here we discuss the case of a woman with systemic sclerosis, who presents 12 points by ACR/EULAR 2013 criteria, confirming the diagnosis. She developed SS diagnosed by leukocytosis with neutrophilia, elevated erythrocyte sedimentation rate, elevated C-reactive protein, compatible biopsy and immediate response to corticotherapy. As it is an unusual syndrome, it is essential to keep in mind its etiology, systemic and laboratory characteristics; this initiating the earliest possible treatment preventing complications of SS. The relationship between SS and systemic sclerosis is rarely reported in the literature, which makes the case an excellent object of study.