Do We Really Need NERDS?

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In this issue of Dermatology, a case of NERDS syndrome (nodules, eosinophilia, rheumatism, dermatitis and swelling) is published [1]. Being the first case to be reported after the original description, it helps corroborate a symptom complex that so far had been seen only by Mayo Clinic allergologists.

Dermatologists are interested in NERDS as many of its symptoms may lead patients to their office. Of major concern, however, is what the D of the acronym means.

In NERDS, as in many diseases described in internal medicine, skin involvement is too quickly brushed aside as 'dermatitis' or 'rash'. In one of the two original cases, the 'dermatitis' turned out to be 'dermographism ... and axillary urticaria', while in the other it was a long-standing 'pruritic dermatitis'. In the patient of Zenarola et al. [1], dermatitis was better described as 'erythematous slightly infiltrated maculopapules with purple tinge and urticarial plaques'. Altogether, these descriptions are a little puzzling. One wonders whether urticaria may be a simpler denomination for them.

This is particularly important because of the paramount role eosinophils play in NERDS and in view of the relationship of NERDS with other hypereosinophilic syndromes, including episodic angioedema with eosinophilia and Well's syndrome. All these entities share urticarioid plaques or nodules and hypereosinophilia both in the blood and in the lesions. Even the ill-defined hypereosinophilic syndrome presents most frequently with urticaria and/or angioedema or papulonodules.

Peculiar to NERDS are periarticular nodules resulting from tenosynovitis. Histologically they resemble those of Well's syndrome, however. In both nodules, degranulation of eosinophils is the predominant feature and a necrotizing granuloma may follow. Unfortunately, Zenarola et al. were unable to obtain a biopsy from their patient's nodules.

One hardly escapes the impression that NERDS belongs to a spectrum of disorders. In such a spectrum, urticaria and angioedema are expected to result as acute manifestations, as in episodic angioedema with eosinophilia, while a longstanding dermal infiltrate of eosinophils leads to nodules [2]. Perusal of the literature even reveals cases which may set in the middle of the spectrum [3]. The lack of visceral involvement may simply depend on the short time of observation and on the timely treatment, but systemic symptoms, including arthralgia, though rare, do occur in Well's syndrome [4].

Do we need NERDS? It may be too early to answer, but what we certainly need most is a more synthetic dermatology to help us check the continuous proliferation of 'novel' disease entities.

References

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