Sweet's Syndrome in Pregnancy

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Sweet's syndrome (SS) or acute febrile neutrophilic dermatosis is a noninfective disorder of unknown aetiology characterised by fever, neutrophilic leucocytosis, raised painful plaques and a dense dermal neutrophilic infiltrate. We observed the interesting relation of SS to pregnancy in a patient who is described here.

Case Report. A 30-year-old woman presented with extremely pruritic, painful, papulonodular lesions of 7 days' duration extending over face and scalp. She was 5 months pregnant with 2 previous full-term normal deliveries. History revealed that following a mild fever she noticed reddish pruritic eruptions over the face which rapidly enlarged to form nodules and the same process spread to the scalp and neck. She was otherwise in good health. On examination there were discrete, multiple, tender, erythematous, succulent papulonodular lesions over face, scalp and neck, which were asymmetric in distribution. She was investigated and kept under observation. Within the next 3 days many of the lesions flattened and became confluent forming typical red raised plaques with central clearing and a raised border without vesicles. Eyes, palms, soles and mucous membranes were not involved. Systemic examination was normal except that the body temperature was 38 °C. The size of the uterus per abdomen was 20 weeks. In the absence of any specific therapy the lesions started fading and cleared in less than a month leaving slight dusky-brown pigmentation. Routine blood investigations including haemogram revealed: TLC 12,600/mm³ and ESR 20 mm/h (Westergren); Hb, DLC, blood sugar, blood

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urea, SGOT, SGPT, serum electrolytes and liver function tests were within normal limits. LE cell test was negative. Slit smears from nodular lesions were negative for AFB and LD bodies. Histopathology (HE) showed a dense dermal infiltrate composed mainly of neutrophils, many of which showed leucocytoclasia. There were no eosinophils but some mononuclear cells were seen. There was mild oedema of upper dermis. Blood vessels were dilated but showed no evidence of vasculitis. Indirect immunofluorescence (IF) was negative for IgG, IgA, IgM and C3. Direct IF revealed that most of the cells of the infiltrate were positive for IgM and negative for IgG, IgA and C3. On follow-up the patient had an uneventful normal delivery at fullterm. Interestingly after 15 months, in the 2nd trimester of her 4th pregnancy, she developed similar lesions over the face, neck and scalp which followed the same course as mentioned earlier. The patient refused to subject herself to further investigations for a second time. No treatment was given and the lesions cleared in 3-4 weeks' time. She bore a normal child as before.

Comments. SS is thought to be a hypersensitivity reaction as it responds to corticosteroids and in 90% of the cases there is a history of some preceding physical trauma or illness like upper respiratory tract infection, tonsillitis, bronchiectasis and pneumonitis, or immunization [1,2]. In some there is associated arthropathy (25-50%) or nephropathy (11-72%) [1].

Recent reports of occurrence of pyoderma gangrenosum, which is another neutrophilic dermatosis frequently associated with immunologic diseases, SS, and ulcerative colitis in the same patient [3], and association of SS with subacute cutaneous lupus erythematosus [4] favour an abnormality of the immune system in SS. Other diseases like septal granulomatous panniculitis [5] or malignancies are also associated. The most common malignant association is acute myelogenous leukaemia [6,7] and recently association with non-Hodgkin's lymphoma has also been reported [8]. Association of SS with pregnancy has not been documented and recurrence during a successive pregnancy is another interesting feature, the significance of which is yet to be evaluated.

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On Psoriasis and Associated Diseases

Sir,

The data of Lindegård [1] concerning diseases associated with psoriasis are of considerable interest. A similar study was carried out at the Institute of Dermatology and Venerology in Sofia for a 5-year period on 10,435 inpatients older than 16 years [2]. A higher incidence of diabetes in psoriasis patients (5.15%) was found both in males (5.42%) and in females (4.8%), as compared with the incidence of diabetes in the total in-patient population of the Institute (4.66%) and with a control group of 8,322 patients, hospitalized in an institute of internal diseases (3.89%).

On the other hand, the incidence of urticaria in psoriasis patients was found to be significantly lower (1.03 %) than the incidence of urticaria in the whole in-patient population of the Institute (8.6%) [2, 3].