

Title: An Atypical Case of Sweet Syndrome

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Case Presentation: A 68-year-old female with a PMH of progressive CKD5, and Type II Diabetes Mellitus bounces back to the UMC ED with blurry vision, ocular disturbances, abdominal pain, and progressive weakness. Things have just been getting worse for her. Two days ago she was discharged with a large conjunctival mass with instructions to seek treatment at an Ophthalmology center, but never made it due to the development of the above symptoms and severe pain. She is subsequently admitted to the hospital and undergoes right internal jugular line placement for emergent hemodialysis in the setting of uremia. Overnight she develops multiple nodular masses on her face ranging from 1 to 5 cm in diameter; edematous plaques over her cheeks, forehead, and scalp; a left eye conjunctival mass with bilateral eyelid nodules; and yellow colored drainage from her palpebral fissures bilaterally. Over her hands there are tense, broad, non-erythematous bullae.

At that time an initial biopsy of her lesions was delayed due to hemodynamic instability and a broad differential including malignancy, and monkeypox, was used to work up her condition. Initial treatment included empiric antibiotics, regular hemodialysis, pain management, and routine management of other chronic health problems. The addition of daily steroids resulted in notable improvement over her lesions. Her hospital course was further complicated by a tonic-clonic seizure, steroid-induced psychosis, lung nodules discovered on imaging, and axillary lymphadenopathy. Ultimately, a biopsy did reveal a neutrophilic dermatosis suggestive of sweet syndrome. Her condition eventually stabilized, and her steroids were able to be tapered with the addition of plaquenil. 55 days later the patient was finally discharged with home health and scheduled for close follow-up.

Discussion: Sweet syndrome is a condition best known for causing abrupt, painful skin lesions, neutrophilia, fever, and high levels of serum inflammatory markers. It is a relatively rare condition with known associations to underlying malignancy, systemic inflammatory conditions, and specific drugs. It can also occur idiopathically. The associations between sweet syndrome and chronic renal disease are less well known and only a limited number of cases have been reported in that context. Those cases often have negative outcomes for patients, frequently including death. Additionally, the lesions classically described in sweet syndrome are characterized as bright red, blue, or violet, papules, plaques, or nodules. The findings in this patient were notable for their robust size, firmness, atypical shape, and progressive staging. A better understanding of the atypical presentations of sweet syndrome and their associations with renal disease will be important to improve patient outcomes. The authors of this paper seek to describe the presentation and medical management one such patient towards this goal.