Recurrent palmar erythematous plaques with pseudovesicles: Sweet's syndrome affecting palms only

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DESCRIPTION

A woman in her 40s presented with eruptions mainly on the hands. The lesions were painful large erythematous plaques with oedematous skin looking like 'psuedovescicles' over palmar aspects of both the hands (figure 1). The patient also had joint pain. There was history of such episodes since 1 year and partial relief with treatment offered by different consultants. Lesions were associated with mild febrile episodes. Complete haemogram revealed neutrophilia, raised ESR and normal serology for ANA screening. Biopsy for histopathology study revealed infiltration of the dermis, predominantly by neutrophils. A diagnosis of neutrophilic dermatosis was made without any clearly discernible distinction between Sweet's syndromes. Once the treatment with dapsone was started the lesions subsided within a week time (figure 2).

Sweet's syndrome is a reactive dermatosis characterised by sudden onset of fever, leukocytosis and raised erythematous plaques infiltrated with neutrophils. The diagnosis of Sweet's syndrome was based on a set of criteria that requires the presence of two major and at least two minor criteria.[1] In the index both the major criteria (abrupt onset of tender erythematous plaques and nodules with pseudovesicles and predominantly neutrophilic dermal infiltrate without leukocytoclastic vasculitis) plus minor criterion (raised total leucocyte count, neutrophilia, raised ESR and fever) were present.

Usually the dorsa of the hands are frequently affected, the palmar involvement in the index case appears to be unusual. There are very few reports of palmoplantar involvement.[2–4] Rare presentation and dramatic response to benign treatment with dapsone is the reason to report this index case.

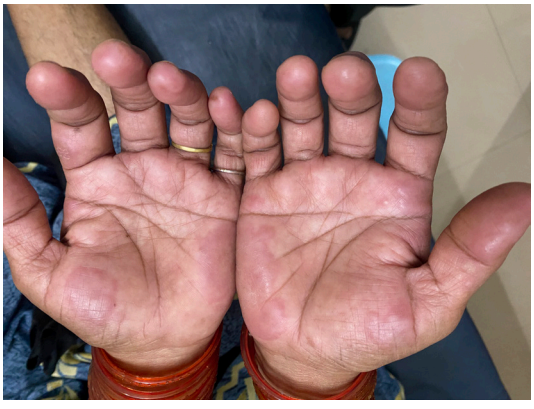

Figure 1 Erythematous plaques over both palms with few lesions over digits showing oedema (pseudovesicles).

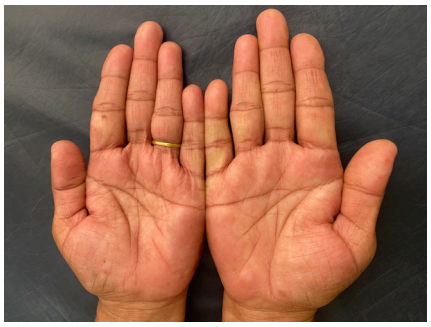

Figure 2 Complete clearance of lesions after a week treatment with dapsone.

Learning points

- This case highlights the difficulties in clearly distinguishing forms of neutrophilic dermatosis, adding to the notion of a continuum in neutrophilic disease.
- Although the dorsa of the hands are frequently affected, the palmoplantar involvement appears to be unusual.
- 'Psuedovescicles' should point out towards ruling out Sweet's syndrome.

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Case reports provide a valuable learning resource for the scientific community and can indicate areas of interest for future research. They should not be used in isolation to guide treatment choices or public health policy.

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