

Clinical Image

A Not so Common Cold

Sanne De Smet*

Department of Internal Medicine, Ghent University, Belgium

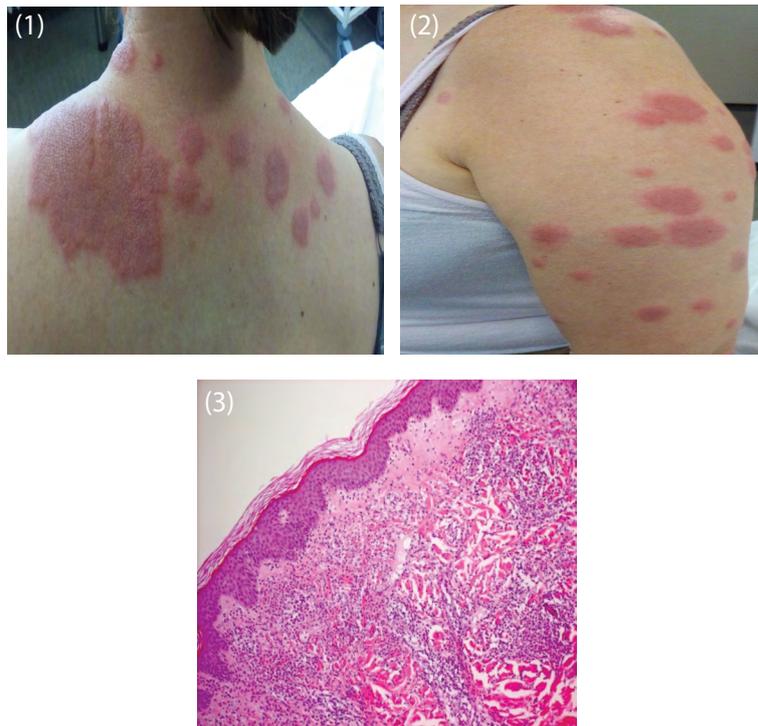


Figure 1: Round, slightly elevated lesions on the back of the neck.

Figure 2: Round, slightly elevated lesions on left arm.

Figure 3: Histological neutrophilic infiltration.

Clinical Image

At the emergency department a 42-year old woman presented with a rapidly progressive skin disorder. It started a few days earlier with a small plaque on the neck, spreading quickly to the thorax, abdomen and both legs; accompanied by fever. She had no significant medical history and took no medication. 3 weeks before she had complaints of an upper respiratory airway infection (Figures 1 and 2). Lab results were normal, besides a mild thrombocytosis and a high CRP of 250 mg/dL.

The lesions could be described as sharp-edged, slightly elevated erythematous plaques and looked like those seen in Sweet syndrome (or acute febrile neutrophilic dermatosis). A biopsy of one of the lesions showed a neutrophilic dermatosis without leukocytoclastic vasculitis, compatible with Sweet Syndrome. Therefore oral corticoid therapy was started with regression of the lesions after a few days (Figure 3).

Sweet Syndrome is typically seen 1-3 weeks after respiratory/gastro-intestinal infections or is associated with (haematological) malignancies or auto-immune systemic disorders.

Screening for haematological malignancies was done by performing a bone marrow aspirate and biopsy, but showed normal findings.

*Corresponding author: Sanne De Smet, Department of Internal Medicine, Ghent University, Belgium, Tel: +32478361165; E-mail: sannea.desmet@ugent.be

Citation: Smet SD (2018) A Not so Common Cold. *Int J Clin Med Imaging* 5: 611. doi:10.4172/2376-0249.1000611

Copyright: © 2018 Smet SD. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

In this differential diagnosis should be considered:

- EEM
- Sneddon Wilkinson disease
- Deep fungal infection
- Cutaneous lymphoma
- Behcet's disease
- Erythema elavatum diutinum