Sweet's syndrome was described in 1964 as an "acute febrile neutrophilic dermatosis". It presents with fever, neutrophilia and tender erythematous lesions on the skin including papules, nodules and plaques. The classic histopathological finding of this disease is a diffuse infiltration of mature neutrophils in the upper dermis. The presentation of Sweet's syndrome can be malignancy-associated, drug-induced, and idiopathic or classical1. The skin lesions associated with malignancy are frequently atypical, vesicular, bullous or even ulcerative, in addition to the typical plaques and nodules2.

Sweet's syndrome is an uncommon disease, with a worldwide distribution and no obvious racial predilection. The average age of onset is 30–60 years, however, infants, children and the elderly may also be affected; there is a female predominance of 4:1. Up to 20% of patients have internal malignancies, and in this subgroup, there is no female predominance3.

Malignancy-associated Sweet's syndrome commonly presents with an underlying hematopoietic neoplasia, acute myeloblastic leukemia being the most common. Sweet's syndrome may also be associated with solid tumors, adenocarcinomas making up 57% of tumors. The most common associated malignancies were of the genitourinary organs, breast and gastrointestinal tract. The incidence of solid malignancy associated Sweet's syndrome is increasing with time; it is likely due to increased awareness of the disease as well as the increased use of growth factors4.

The aim of this report is to highlight the bullous variant of Sweet's Syndrome in a patient with metastatic colorectal cancer.

THE CASE

A fifty-two-year-old Bahraini male inpatient, a known case of metastatic colon cancer with colostomy, hydronephrosis and perianal abscess (MRSA) was referred with papular lesions in the upper extremities. The lesions started as pustules in the upper limbs which increased in size and number and were associated with pain, ulceration and itchiness. A biopsy revealed diffuse dermal and perivascular neutrophilic infiltrate, confirming the diagnosis. This case revealed that the bullous variant of Sweet's syndrome is closely linked to malignancies, including solid tumors; however, it is uncommon.

Bullous Sweet’s Syndrome in a Patient with Metastatic Colorectal Cancer

Aysha Almedfa, MB BCh BAO* Mariam Baqi, MD**

A fifty-two-year-old Bahraini male with metastatic colon cancer developed pustules in the upper limbs which increased in size and number and were associated with pain, ulceration and itchiness. A biopsy revealed diffuse dermal and perivascular neutrophilic infiltrate, confirming the diagnosis. This case revealed that the bullous variant of Sweet’s syndrome is closely linked to malignancies, including solid tumors; however, it is uncommon.