CASE FOR DIAGNOSIS
Inflammatory Tinea Faciei Mimicking Sweet’s Syndrome

Tinea faciei inflamatoria que simula un síndrome de Sweet

Medical history

A 53-year-old female with a 2-month history of a painful pruritic eruption on the face. The patient had previously presented with abrupt onset of multiple edematous pseudovesicular papules on the face and shoulders preceded by a febrile upper respiratory infection (Fig. 1A and B). A diagnosis of Sweet’s syndrome had been presumed pending pathologic confirmation. Initially, the condition was treated empirically with triamcinolone 0.1% cream twice daily and prednisone starting with 60 mg daily and gradual tapering. No improvement was observed and new lesions developed. Therefore, and after receipt of the pathology report (see below), hydroxychloroquine 200 mg twice daily was added to the corticosteroid regimen with suspicion of either Jessner lymphocytic infiltrate, lupus tumidus, or polymorphic light eruption. No response was observed after one-month of treatment.

Physical examination

Physical examination revealed multiple well-defined edematous pseudovesicular papules and plaques symmetrically distributed on the chin and both cheeks with underlying erythema and a few scattered lesions on the shoulders.

Microscopic examination

Microscopic examination revealed perivascular and periadnexal lymphocytic infiltrate with papillary edema. A biopsy from lesional skin was submitted for direct-immunofluorescence with negative results. Examination of a biopsy obtained 1 month later revealed the above-mentioned changes, together with a mixed inflammatory infiltrate containing neutrophils in the hair follicle (Fig. 2).

What is Your Diagnosis?

Figure 1  Facial lesions (A-Lateral; B-Inferior) multiple symmetrically distributed edematous papules on bilateral cheeks and chin.

Figure 2  Hematoxylin and Eosin Stain (HE), 4 X magnifications. Superficial and deep dense perivascular and periappendageal mixed inflammatory infiltrate with the presence of neutrophils within the hair follicles.
In The Shanon a, b, to cases M. with initially atrosum, associated with dermatophyte infections. Microsporum canis. Periodic acid–Schiff staining revealed the presence of a small number of hyphae in the stratum corneum and hair follicles (Fig. 3). Culture identified these as M. canis.

Treatment

Treatment with griseofulvin 500 mg/d resulted in complete resolution of the lesions within 1 month.

The authors declare that they have no conflicts of interest.

References


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