

55. Drug Induced Sweet's Syndrome with Doxycycline, a Case Report

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Introduction: Sweet's syndrome is an acute disease characterised by large rapidly extending painful papules and plaques particularly on the face and the extremities, accompanied by high fever and neutrophilic leukocytosis.^[1] Some drug induced cases have been reported. We report a new case, which suggests that doxycycline could be responsible for such a syndrome.

Methods: A case report.

Results: We report the case of a 41-year-old woman treated with doxycycline for an acne for almost two weeks and developing fever with cervical adenopathy, odynophagia, followed by erythematous and papulous eruption located on the arms, and extending gradually to all the body, included her face. oedema was noted on her forehead, she had marked papillar oedema, and a slight conjunctivitis of the right eye. Many lesions with vesiculated centre and crust were disseminated on the face and the body, and pustular lesions were present on the scalp. The complete blood count was normal, the C-reactive-protein was increased, and the viral serologies were negative (HIV, HBV, HCV, CMV) or in favour of an old infection (HAV, EBV). Mycological and cytobacteriological examinations of the forehead lesions were also negative. A cutaneous biopsy confirmed the Sweet's syndrome diagnosed by the dermatologists, by showing a diffuse dermal neutrophilic infiltrate. The patient was given colchicine and topical corticosteroids, which permitted a rapid healing of lesions.

Conclusion: The chronology of drug intakes suggests that doxycycline is responsible for this syndrome. A few cases of Sweet's syndrome with minocycline have been published, and only one case has been reported with different tetracyclines, including doxycycline.^[2] We think that doxycycline can be added to the list of the drugs inducing Sweet's syndrome.

References

1. Sweet RD. An acute febrile neutrophilic dermatosis. *Br J Dermatol* 1964; 76: 349-56
2. Khan Durani B. Drug-induced Sweet's syndrome in acne caused by different tetracyclines: case report and review of the literature. *Br J Dermatol* 2002; 147 (3): 558-62