SWEET’S SYNDROME (ACUTE FEBRILE NEUTROPHILIC DERMATOSIS)

What are the aims of this leaflet?

This leaflet has been written to help you understand more about Sweet's syndrome. It tells you what it is, what causes it and where you can find out more about it.

What is Sweet's Syndrome?

Sweet's syndrome (also known as acute febrile neutrophilic dermatosis) is a rare skin disorder characterised by a fever and the appearance of tender solid red lumps on the skin. It is a reactive condition with a number of potential triggers. It is not contagious and is not skin cancer.

What causes Sweet's Syndrome?

In approximately half of those affected it is not possible to identify a cause. It is much more common in females between 20-40 years old, although it can occur in males and in other age groups. It can occur in any race. In the other half of cases, the majority is a result of reaction to infection such as upper respiratory tract infections or to different medicinal drugs. In some patients it can be a manifestation of systemic diseases such as inflammatory bowel disease, lupus erythematosus or rheumatoid arthritis. In a few cases, it is a result of hormonal changes such as pregnancy or thyroid gland disorders. In some cases it may be a sign of an underlying blood disorder or an internal cancer.

Is Sweet’s syndrome hereditary?

Sweet’s Syndrome is not a hereditary condition.
What does Sweet’s syndrome of the skin look like?

The most common skin changes in Sweet’s syndrome are raised red, pink or purplish tender skin lumps. These can be small (known as papules, which can be about 5-10 mm, i.e. less than half an inch) or larger (known as nodules) and can join together to form bigger areas (known as plaques). They can be single or multiple and can appear anywhere on the skin although the arms, face and neck are affected most often. Sometimes blisters or pustules can be seen and the rash may appear at the site of an injury to the skin.

What are the symptoms of Sweet’s syndrome?

Sweet’s syndrome may cause some or all of the following symptoms arising together over a period of hours or a few days:

- a rash (described above)
- tiredness, lack of energy and feeling unwell
- high fever (temperature)
- aching joints and muscles
- mouth ulcers
- sore red eyes

How will Sweet’s syndrome be diagnosed?

Tests that are useful in Sweet’s syndrome include:

1. **A biopsy.** This is an important test. A sample of the skin is taken from the rash and then examined under the microscope.
2. **Blood tests** such as a high white blood cell count called neutrophil, can help to make a diagnosis of Sweet’s syndrome.
3. Your doctor may recommend other blood tests or imaging studies such as x-rays, CT scans etc to look for an underlying cause of the Sweet’s syndrome, if suspected.
4. If a medication is thought to be responsible, your doctor may recommend stopping it for a while.

Can Sweet’s syndrome be treated?

Yes. Treatment is available for Sweet’s syndrome and it can improve quite quickly. Treatments can be divided into topical and oral medication.
1. Local applications to the skin (topical treatments)
   - Strong steroid creams may help, especially with smaller lumps, and may help reduce the tenderness. Occasionally, steroid injections into the lesions can be used for very swollen or painful lumps.

2. Oral treatments
   - Steroid tablets (e.g. prednisolone) can be a very effective treatment for Sweet’s syndrome. They are usually given at a higher dose to start with and then a lower dose may be given for a number of weeks to prevent the rash coming back.
   - Oral therapy with dapsone, colchicine, potassium iodide or indomethacin can also be very effective and may be preferred by your doctor if you cannot take steroid tablets because of other medical problems such as diabetes, high blood pressure etc.
   - Immunosuppressive agents (e.g. ciclosporin) reduce the action of the body’s own defence system (the immune system) and can also be very useful for treating Sweet’s syndrome.

These medications can have certain side effects and you may be advised to have regular blood tests if you are prescribed these treatments.

If an underlying medical problem is found, treating this itself may lead to an improvement in the Sweet’s syndrome. Recurrences are common, and treatment may need to be reintroduced until recurrences cease. In rare cases, the condition persists indefinitely and treatment would be given as a maintenance therapy.

Where can I get more information about Sweet’s syndrome?

Web links to detailed leaflets and further information:

http://dermnetnz.org/reactions/sweets.html
http://www.healthline.com/health/sweets-syndrome#Overview1
http://www.patient.co.uk/doctor/febrile-neutrophilic-dermatosis
https://helpforsweetssyndromeuk.wordpress.com/

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British
Association of Dermatologists; individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists’ Patient Information Lay Review Panel

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