

Sweet Syndrome with Laryngeal Involvement Following Cardiac Ablation: A Novel Case Report

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Background

- Sweet syndrome (acute febrile neutrophilic dermatosis) is characterized by abrupt onset of tender, erythematous plaques, dense dermal neutrophilic infiltration, and frequently, pathergy [1].
- Oropharyngeal involvement is rare but may cause airway obstruction [7].
- Interventional procedures, such as catheter ablation, have been shown to induce systemic inflammation, which may predispose patients to Sweet syndrome [6].

Case Description

- 79-year-old woman with atrial fibrillation developed dysphonia and an asymptomatic cutaneous eruption three days after cardiac ablation.
- Exam demonstrated indurated pink-orange papules and plaques on the arms, hands, and right inframammary fold and violaceous plaques on the tongue and buccal mucosa.
- Labs demonstrated leukocytosis with neutrophilia and lymphopenia.
- Biopsy was consistent with a diagnosis of Sweets
- Given the association with malignancy, CT of abdomen/pelvis was obtained and was unremarkable [1].
- Initiation of systemic corticosteroids rapidly improved hand swelling and mucocutaneous lesions.

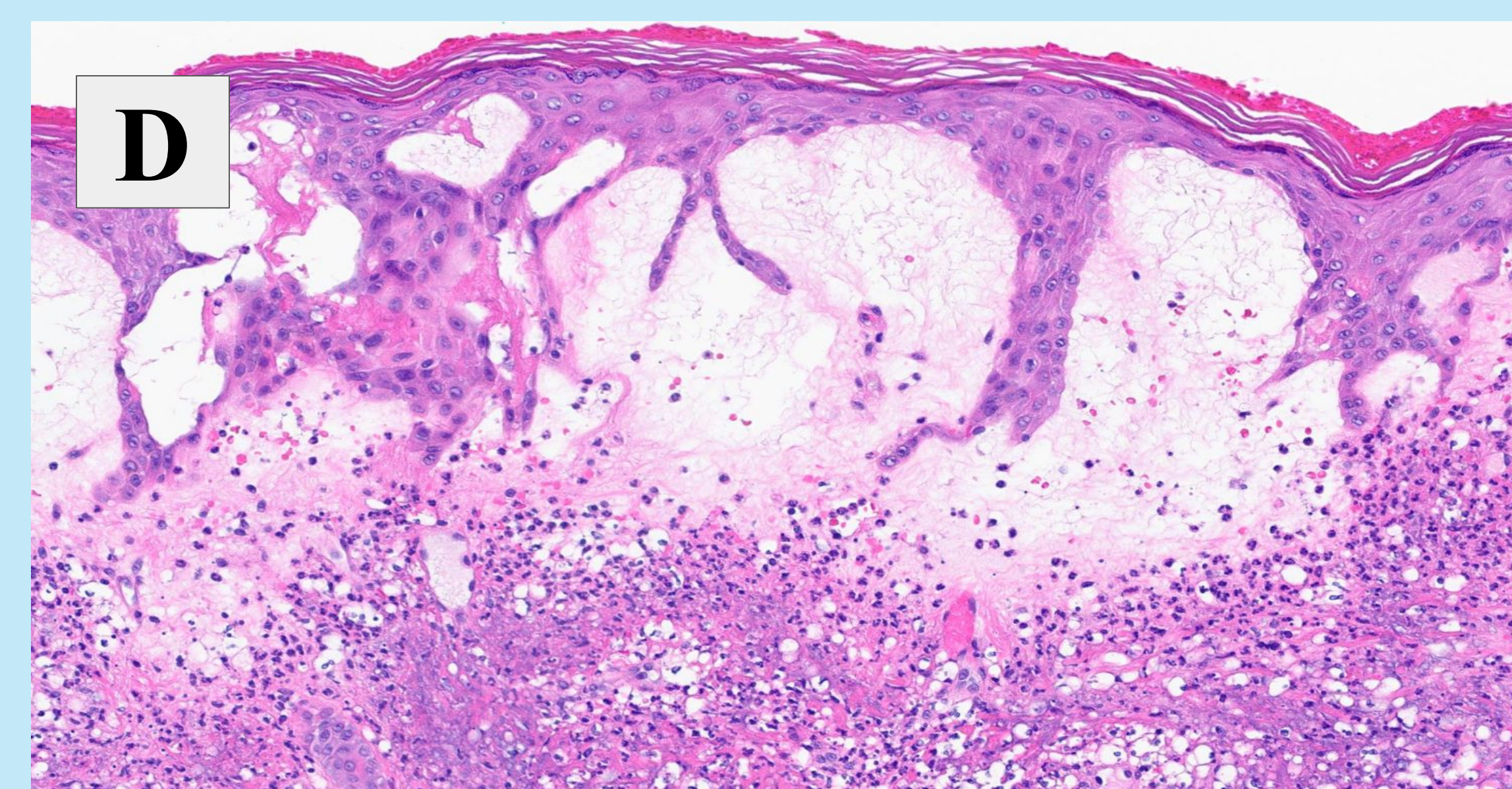


Figure 1. Juicy pink-to-red-orange indurated flat-topped papules and plaques on dorsal finger (A), extensor elbow (B), with coexisting violaceous plaques on the dorsal tongue (C). Punch biopsy demonstrated papillary dermal edema with extensive interstitial and perivascular neutrophil infiltrate (D).

Conclusion

- Here we report a case of Sweet syndrome following cardiac ablation where postprocedural systemic inflammation may have lowered the threshold for neutrophilic dermatosis [6].
- Intubation-related trauma may have induced mucosal pathergy and dysphonia [1,4,5].
- Prompt recognition of Sweet syndrome and early treatment with systemic corticosteroids are essential to prevent respiratory failure [1, 4].

References

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