Erythema Gyratum Repens-like Eruption in a Patient with Sjögren Syndrome

Sir.

The relationship between Sjögren syndrome and annular erythemas has been discussed for a couple of years (1, 2). The eruption appeared as edematous, slightly elevated annular erythemas. Recently, however, we experienced a case of bizarre gyrate erythemas occurring in a patient with Sjögren syndrome.

The patient was a 65-year-old Japanese man, who had been suffering from joint pain and skin eruptions. Serological examination revealed ANA 320x, RAHA 160x, SS-A 64x, SS-B 64x, RNP (-), Sm(-), and a-DNA (-). By sialogram, a typical

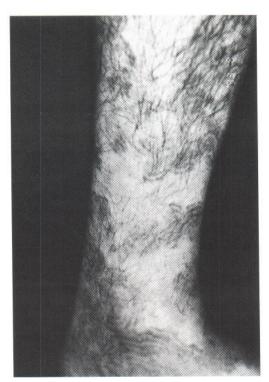


Fig. 1. Erythema gyratum repens-like dark purplish erythema in the lower leg.

apple tree sign was observed. The diagnosis of Sjögren syndrome complicated with rheumatoid arthritis was made.

The eruption began as edematous annular erythemas that were compatible clinically and histopathologically with the previously reported eruption of Sjögren syndrome. Though the annular eruption disappeared, new gyrate erythemas appeared one week after the administration of prednisolone (15 mg/day). They were dark purplish concentric annular erythemas (Fig. 1). The eruption moved outward so rapidly that the change in the eruption was clearly recognizable in a few days. The dosage of prednisolone was increased to 30 mg/day, and the eruption gradually disappeared. Prednisolone was reduced to 10 mg/day, but recurrence was not observed. Internal examination revealed no malignancy.

The erythema gyratum repens-like eruption of our case could probably be associated with Sjögren syndrome, since it appeared as typical annular erythemas of Sjögren syndrome and then changed into the gyrate erythemas. As far as we know, this type of eruption in patients with Sjögren syndrome has not been reported. Some immunological aberration might cause this bizarre configuration, since it appeared after the administration of prednisolone.

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Tetsuri Matsumura, Masanobu Kumakiri, Kazuko C. Sato-Matsumura and Akira Ohkawara, Department of Dermatology, Hokkaido University School of Medicine, N-15 W-7 Kita-ku, Sapporo 060, Japan.