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LETTER TO THE EDITOR

"Herpetiform Eruption with Leukocytoclasis" = Sweet's Syndrome?

We read with interest the report by C. Ferrandiz et al. (1). We suggest that the patients reported had in reality Sweet's Syndrome, since they met several criteria for this condition. In their discussion, the authors ruled out this diagnosis, in view of the presence of bullous lesions with histological evidence of epidermal abnormalities, and the absence of peripheral leukocytosis.

Recently we reviewed the literature on Sweet's Syndrome (2, 3) and realized that bullous lesions in Sweet's Syndrome are not uncommon. This clinical picture has been observed by ourselves and ten other authors. Histological epidermal lesions as well have also been observed (4). Furthermore the most reliable laboratory finding is not peripheral leukocytosis (present only in 67% of the cases) but undoubtedly the elevated sedimentation rate (observed in 95% of the cases) and present in the 6 cases of C. Ferrandiz et al. (1).

All these features are in favour of the diagnosis of Sweet's Syndrome: five females and only one male patient had very typically located pseudovesicular cutaneous manifestations; all presented prodromal symptoms and the histological similarity to Sweet's Syndrome is very striking. Finally, the dose of steroids given in the 2 cases was not sufficiently high; Ferrandiz et al. (1) should have tried potassium iodide, as Sweet's Syndrome responds dramatically to this drug (3, 5).

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