Sweet’s syndrome is a rare skin condition that is often misdiagnosed and may need long-term management. Patients need to be guided to access accurate information.

Nursing management of Sweet’s syndrome

In this article...
- How Sweet’s syndrome differs from other skin conditions
- What you can do to support people with Sweet's syndrome
- How misinformation available online can affect patients

**Keywords:** Lesions/Biopsy/Corticosteroids/Education

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Sweet’s syndrome (SS) is an uncommon inflammatory condition. The main signs and symptoms are fever, malaise and skin lesions. Misdiagnosis is common and biopsy is needed to detect characteristic physiological changes in the upper dermis. Standard treatment is oral corticosteroids but SS can be difficult to manage, with symptoms recurring in at least 30% of cases. Nurses can offer advice and support for patients and their families, and show them where to find accurate information.

**Sweet’s syndrome** (SS), or acute febrile neutrophilic dermatosis, is an uncommon inflammatory condition, first described in 1964 by Robert Sweet (Cohen, 2007). Several hundred cases have been reported worldwide; most occur in women aged 30-50 years but other age groups and men have been affected (Cohen, 2007). There is no accurate information about the incidence of SS in the UK; there is a lack of awareness among health professionals and it is often misdiagnosed (Paydas, 2012).

The main signs and symptoms are fever, malaise, an elevated white-blood-cell count and a range of non-infectious skin lesions (Sweet’s lesions). One of the most common types of lesion is plaques, where small lesions cluster together before spreading out to form distinctive, tender, raised, red/purple areas. Other common lesion types are papules (circular bumps) and nodules (protruding lumps); pustules, blisters and ulcers also occur. Most lesions appear on the face and neck, but they have been found on the torso, as well as upper and lower extremities (Cohen, 2007; Neoh et al, 2007; Zamanian and Ameri, 2007).

**What causes Sweet’s syndrome?**
The causes of Sweet’s syndrome can be divided into five distinct groups: classical or idiopathic; paraneoplastic (associated with malignancy); autoimmune or inflammatory disease associated; drug induced; and pregnancy related.

Most cases are classical or idiopathic, especially in women. Despite the cause often being unknown, it can be triggered by gastric or upper respiratory tract infection and vaccination, particularly the BCG and the flu vaccine (Cohen, 2007; 2003; Neoh et al, 2007). The condition can also be caused by malignancy, appearing at the same time as the malignancy or up to 11 years before it is diagnosed; up to 20% of cases are malignancy associated. Other triggers are auto-immune disease, such as rheumatoid arthritis, and inflammatory disease, particularly inflammatory bowel diseases (Cohen, 2003).

Drug-induced SS is a rare adverse drug reaction estimated to occur in fewer than 5% of cases; lesions usually appear 5-7 days after drug administration. Drugs involved include granulocyte monocyte-colony-stimulating factor, all-trans retinoic acid, azathioprine, furosemide, tetracyclines and non-steroidal anti-inflammatory drugs (Kluger et al, 2008; Cohen, 2007; 2003). Pregnancy-related SS is rare, accounting for up to 2% of cases (Cohen, 2007; Burrall, 1999).

**Signs and symptoms**
Alongside fever, malaise and skin lesions, patients may experience headaches, arthritis and joint pain, muscular pain and conjunctivitis. Less common signs and symptoms – often associated with lesions spreading to other areas – include:
- Recurrent mouth ulcers and lesions;
- Bleeding gums and gum enlargement;
- Blurred vision and deteriorating vision;
- Impaired hearing due to lesion formation in the ear (Cohen, 2007).

In very rare instances, the spread of lesions can lead to organ malfunction and/or multi-organ failure. Central nervous system involvement can cause problems such as encephalitis, meningitis and neuro-Sweet’s disease (Cohen, 2007).

**Investigation and diagnosis**
Sweet’s syndrome looks similar to a range of other conditions and misdiagnosis is common. It may be misdiagnosed as acne vulgaris, impetigo, rosacea fulminans, etc.

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