

## SHORT COMMUNICATION

### Coinciding Erythema Nodosum and Sweet Syndrome

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*To-the-Editor:* I read with interest the report by Ramesh et al. describing a 35-year-old woman with a prior history of presumptive recurrent erythema nodosum on both of her legs. The patient presented with biopsy-confirmed Sweet syndrome and warm, tender, erythematous nodules on her bilateral shins that were not biopsied but designated as erythema nodosum. Evaluation for dermatosis-related conditions was negative. She was treated with 40 milligrams prednisone daily and all her skin lesions had resolved when she was seen at follow-up four weeks later.<sup>1</sup>

Subcutaneous Sweet syndrome is a less common presentation of acute febrile neutrophilic dermatosis.<sup>2</sup> The pathologic changes can occur not only in the subcutaneous fat, but also in both the dermis and the adipose tissue.<sup>2</sup> Importantly, both the symptoms and the morphology of subcutaneous Sweet syndrome can mimic erythema nodosum.<sup>3</sup>

Similar to Ramesh et al's patient, the diagnosis of erythema nodosum is often made based on clinical features.<sup>1</sup> However, a previous review of the world literature of individuals with concurrent Sweet syndrome and erythema nodosum only included nine patients; nine additional patients were excluded since their diagnosis of erythema

nodosum was only based upon clinical features without pathology confirmation.<sup>4</sup> Therefore, in a patient with Sweet syndrome whose lesions have been confirmed by biopsy, the diagnosis of sequential or concurrent erythema nodosum requires microscopic evaluation of the erythema nodosum-suspected lesion in order to definitively establish the diagnosis of erythema nodosum.<sup>3,4</sup>

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