Author's response to reviews

Title: Sweet's Syndrome in a patient with Crohn's disease: a case report

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Author's response to reviews: see over
Dear Sir/Madam:

We are re-submitting our case report entitled ‘Sweet’s syndrome in a patient with Crohn’s disease: a case report’. This article was originally submitted on 6th Aug 2007, but is being resubmitted after revision following the reviewer’s comment. Following are the comments received and the alterations made in response to the comments.

1. The patient had a history of Crohn's disease but no details are given. When was it diagnosed, what was the extent of disease and what had been its course?

Answer. Patient had a history of Crohn’s disease for past thirty years, which had been in remission for several years, but for the past few months, he was having on and off troubles with diarrhea and rectal bleeding. Colonoscopy two years ago showed inflammatory bowel disease with segmental nature, rectal sparing and primarily involving the ascending and sigmoid colon. His medications included asacol which he had been taking for past few months and azathioprine which was started two weeks prior to his admission in an effort to taper off the steroid. He was previously on prednisone which was started two months ago with his last dose being four days prior to admission.

2. Please comment on the biopsies from the stomach, duodenum and colon. Was it really Crohn's of the gastro-duodenum as opposed to steroid-induced inflammation?

Answer. Biopsy specimen taken from stomach, duodenum, ileum, ileocecal valve, and colon revealed pancolitis, duodenitis and gastritis with no evidence of granuloma. The patient was diagnosed with exacerbation of Crohn’s disease and started on intravenous methylprednisolone 60 mg q 12 hrs, with continuation of azathioprine and asacol. The patient’s symptoms and rash rapidly improved with systemic corticosteroid treatment.

3. I was not aware of potassium iodide being used. Is this topical therapy or by mouth? How long is it given for? Are there any problems with it eg thyroid function?

Answer. Potassium iodide administered orally as 300 mg enteric-coated tablets, 3 times each day, for a daily dose of 900 mg, or as a saturated solution of potassium iodide (Lugol's solution), beginning at a dose of 3 drops 3 times each day (9 drops/day = 450 mg per day) and increasing by 1 drop 3 times per day, typically to a final dose of 21 drops/day (1050 mg) to 30 drops/day (1500 mg), typically results in resolution of fever and other symptoms within 1 to 2 days and skin lesions within 3 to 5 days of initiation of therapy. Vasculitis and hypothyroidism are potential adverse effects of potassium iodide.
4. The differential diagnosis would include pustular forms of pyoderma gangrenosum (see Dig Dis Sci 2007:52:18-24). How much overlap is there with PG and Sweet's syndrome? The presence of vasculitis does not always distinguish. Milder pustular rashes are not uncommon in active colitis. Are all these part of the spectrum of Sweet's syndrome or is neutrophilic folliculitis a separate condition?

Answer. Sweet’s syndrome is one of the groups of neutrophilic dermatoses that include pyoderma gangrenosum, whose association with ulcerative colitis and Crohn’s disease is well established. Sweet’s syndrome can be distinguished from pyoderma gangrenosum by the absence of vasculitis and lack of dermal necrosis, but histological features may occasionally overlap. The abrupt tendency for Sweet’s syndrome to form multiple eruptions on the upper half of the body and the lack of ulceration also distinguishes the rash from pyoderma gangrenosum. However, the two conditions can occur in the same patients, as may other neutrophilic dermatosis, vesiculopapular eruptions, or other cutaneous features of inflammatory bowel disease such as erythema nodosum or polyarthritis. The simultaneous occurrence of different rashes in the same person can be viewed as the dermatological expression of a neutrophilic reaction to a common stimulus.

I hope that following the revision of the above article, it would be accepted for publication as a case report.

Sincerely,
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