Sweet syndrome after treatment with vedolizumab in a patient with Crohn’s disease

Key words: Crohn’s disease. Vedolizumab. Sweet syndrome.

Dear Editor,

The adverse pharmacological reactions in the management of inflammatory bowel disease (IBD) complicate the proper use of biological therapies. The effectiveness and safety of vedolizumab described in the article by Olmedo-Martín (1) was read in detail.

In this study, a 42-year-old patient with colon Crohn’s disease and a primary failure after two anti-TNF in treatment with azathioprine was admitted due to a severe outbreak with severe endoscopic activity. There was no response to corticosteroids and, therefore, an induction regimen with vedolizumab was initiated. After 24 hours, small pustules began to appear on the back, neck, chest and scalp and a post-infusional adverse reaction was suspected, although the digestive symptoms had improved. The lesions progressed to large violaceous plates, presenting leukocytosis with neutrophilia. The case was assessed by the Dermatology Service, confirming Sweet syndrome associated with Crohn’s disease (Fig. 1). A skin biopsy was performed that confirmed the diagnosis. A second dose of vedolizumab was administered without any further incidents.

Discussion

Sweet syndrome or acute febrile neutrophilic dermatosis is an uncommon cutaneous manifestation in IBD (2,3). It is characterized by the appearance of erythematous and painful plaques located predominantly on the arms, upper area of the trunk, neck and face. It is generally associated with a deterioration of the general state, leukocytosis, neutrophilia and fever. In our case, the absence of fever and the appearance of skin lesions after administration of the drug made us initially suspect an adverse reaction to vedolizumab. However, the multidisciplinary management and adequate differential diagnosis of the skin lesions finally allowed treatment with vedolizumab to be maintained and the goal of clinical and endoscopic remission was achieved in our patient.

References