

LETTER TO THE EDITOR**Pseudo-Quincke's sign caused by Sweet syndrome**

Dear Editor,

A 44-year-old woman presented with an acute pruritic eruption of the arms, neck and upper back that appeared 2 days after a right mastectomy with sentinel lymph node exploration for a breast cancer (Figure 1a). She received ketorolac, paracetamol, piritramide, fraxiparine, cardio-aspirin and cefazolin during and/or immediately after the operation. Her medical history included multiple sclerosis. On clinical examination, the patient was febrile and the

pulsating nature of the lesions with alternating blanching and flushing, was striking (Video 1). A skin biopsy specimen showed extensive subepidermal oedema with a large neutrophilic dermal infiltrate (Figure 1b). The laboratory findings included a C-reactive protein of 7.2 mg/L (normal value [NV] <5 mg/L) and a white blood cell count of $13.65 \times 10^3/\mu\text{L}$ (NV: $4\text{--}10 \times 10^3/\mu\text{L}$), of which $12.63 \times 10^3/\mu\text{L}$ neutrophils (NV $1.6\text{--}7 \times 10^3/\mu\text{L}$). Based on the clinical presentation, the anatomopathological aspect of the skin biopsy and the

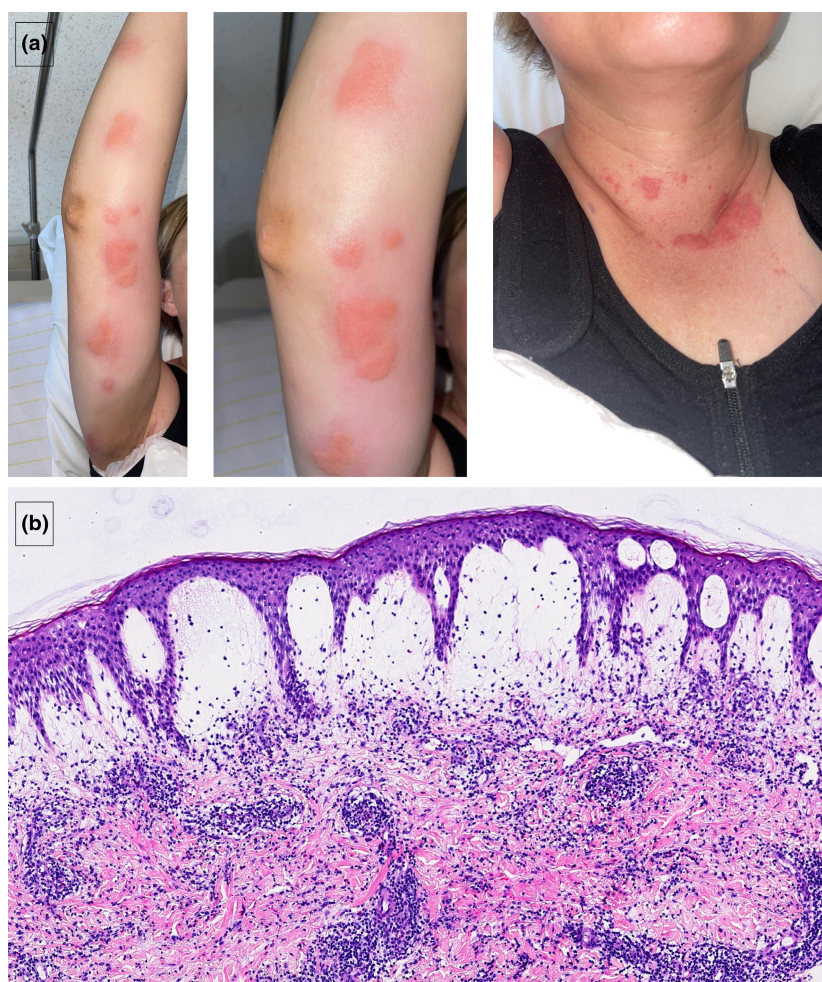


FIGURE 1 Erythematous, oedematous and inflamed papules and plaques on the upper right limb and neck (a). Histopathological features showing extensive subepidermal oedema with a large neutrophilic dermal infiltrate suggestive of Sweet syndrome (haematoxylin and eosin; original magnification $\times 100$) (b).



VIDEO 1 Pseudo-Quincke's sign (blinking of the lesions with alternating blanching and flushing). Video content can be viewed at <https://onlinelibrary.wiley.com/doi/10.1111/jdv.19273>

laboratory findings, the diagnosis of Sweet syndrome was made. The patient was treated with methylprednisolone 32 mg for 7 days and then tapered over 15 days, with rapid improvement and no relapse. We concluded that the syndrome was most likely drug-induced. The Quincke's sign, that classically refers to capillary pulsation in the finger-nail bed in patients with aortic insufficiency, has been proposed to explain the pulsating appearance of the lesions.^{1,2} The highly inflammatory nature of Sweet's skin lesions with important vasodilatation and oedema of the papillary dermis may be responsible for the inability of arterioles to maintain adequate pressure during diastole, resulting in this pseudo-Quincke's sign, with rhythmic pulsating blanching and flushing. Our literature search revealed that this pseudo-Quincke's sign has only been reported in young patients and after insect bite^{3–7} and we found no reports of this phenomenon caused by Sweet syndrome in adults.

ACKNOWLEDGEMENTS

We thank Dr. Mariana Andrade, M.D., who provided editorial assistance and Dr. Léo-Paul Secco, M.D., for his support in histopathological analyses and images.

FUNDING INFORMATION

None.

CONFLICT OF INTEREST STATEMENT

The authors do not have any conflict of interest to declare.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author.

ETHICS STATEMENT

The patient in this article has given written informed consent to publication of her case details.

Axel De Greef 
Margaux Mairlot
Marie Baeck 

Department of Dermatology, Cliniques universitaires Saint-Luc, Université Catholique de Louvain (UCLouvain), Brussels, Belgium

Correspondence

Axel De Greef, Department of Dermatology, Cliniques universitaires Saint-Luc, Université Catholique de Louvain (UCLouvain), Avenue Hippocrate 10, B-1200 Brussels, Belgium.
Email: axel.degreef@saintluc.uclouvain.be

ORCID

Axel De Greef  <https://orcid.org/0000-0003-0713-8283>

Marie Baeck  <https://orcid.org/0000-0003-0499-7939>

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