CONDITION

Sweet syndrome

Sweet syndrome is an inflammatory condition that causes sudden painful skin lesions and sometimes fever.

WHAT IT IS
Sudden neutrophil-driven inflammation causing painful raised skin lesions

BODY SYSTEM
Skin and immune system

MAIN SYMPTOMS
Painful red bumps, swollen plaques, fever, tiredness

WHAT CAUSES IT
Immune inflammation, often triggered; sometimes unknown

HOW IT IS DIAGNOSED
Skin examination and biopsy, supported by blood tests

MAIN TREATMENT
Corticosteroids and treatment of any underlying trigger

CAN IT BE CURED?
Sometimes - episodes clear but can return

IS IT AN EMERGENCY?
Sometimes - breathing trouble or new confusion

LONG-TERM OUTLOOK
Usually clears with treatment; recurrences can occur

Overview

Sweet syndrome is a condition in which inflammation develops suddenly in the skin. It causes tender red, purple, or darker raised areas, often together with fever and a general feeling of being unwell.

Its medical name is acute febrile neutrophilic dermatosis. "Neutrophilic" means that the inflamed tissue contains many neutrophils, a type of white blood cell. "Dermatosis" means a skin condition.

Sweet syndrome is not an infection, although it can sometimes appear after an infection. It is also not contagious. You cannot catch it from another person or pass it on through skin contact.

The condition matters because its appearance can resemble a skin infection or other inflammatory disorders. It may also be linked to a medicine, pregnancy, an inflammatory illness, or, less commonly, a blood or bone marrow cancer. In many people, no underlying cause is found.

Treatment often clears the skin lesions. However, identifying a possible trigger is an important part of care because Sweet syndrome can return.

Symptoms

The rash usually appears quickly, sometimes over several days. It may begin as small bumps that grow or join together to form swollen areas called plaques.

Typical features include:

The appearance can differ according to skin tone. Redness may be less obvious on brown or black skin, where affected areas may look purple, deep brown, or darker than the surrounding skin.

Skin injury can sometimes trigger a new lesion at that spot. This reaction is called pathergy. It may happen after a needle puncture, scratch, biopsy, or other minor injury.

Sweet syndrome mainly affects the skin, but inflammation can occasionally involve other parts of the body. Eye symptoms may include redness, discomfort, light sensitivity, or blurred vision. Mouth sores and joint pain can also occur. Involvement of the lungs, kidneys, heart, muscles, or nervous system is rare but can be serious.

- Painful or tender red, pink, purple, or brownish bumps and plaques
- Swelling that can make the surface look blistered, although it may not contain fluid
- Fever, tiredness, headache, or aching muscles and joints
- Lesions on the face, neck, upper chest, back, or arms

Causes and risk factors

Sweet syndrome results from an abnormal inflammatory response involving neutrophils. It is not always clear why this happens.

Recognized patterns include:

Having Sweet syndrome does not mean that you have cancer. Most skin rashes are not Sweet syndrome, and Sweet syndrome itself is not cancer. If it is confirmed, your healthcare team will

assess whether your symptoms, examination, and test results suggest an underlying condition.

The syndrome can also appear without an identifiable infection, illness, medicine, pregnancy, or cancer. This is called idiopathic Sweet syndrome, meaning the cause is unknown.

- Classical Sweet syndrome: This may follow an upper respiratory or digestive infection. It can also occur with inflammatory bowel disease, other inflammatory conditions, or pregnancy.
- Medicine-related Sweet syndrome: Certain medicines can trigger the condition. Granulocyte colony-stimulating factor, which encourages the bone marrow to produce white blood cells, is a well-established trigger. Other medicines have also been linked to individual cases.
- Cancer-associated Sweet syndrome: The condition can occur with cancer, particularly cancers affecting the blood or bone marrow, such as acute myeloid leukaemia or myelodysplastic syndromes. It can also occur with solid tumours.

Diagnosis

Diagnosis usually involves examining the skin, reviewing your symptoms and medicines, and taking a skin biopsy. During a biopsy, a clinician numbs the area and removes a small sample for examination under a microscope.

A typical biopsy shows swelling and a dense collection of neutrophils in the skin. The findings also help distinguish Sweet syndrome from infection, inflammation of blood vessels, and other conditions that can look similar.

Blood tests may include a full blood count to measure blood cells and tests for inflammation. Some people have a high neutrophil count, but a normal or low count does not rule out the condition.

Further testing is guided by your circumstances. This may include:

Sweet syndrome can resemble cellulitis, an abscess, an allergic drug eruption, vasculitis, or other neutrophilic skin conditions. This is why examination and biopsy are important. Starting immune-suppressing treatment before infection has been considered can be unsafe.

- Testing for infection when fever or the skin appearance could have another cause
- Reviewing new and recent medicines
- Checking for signs of an inflammatory condition
- Assessing blood counts or other findings that could point to a blood disorder

- Age-appropriate cancer screening or targeted tests when there is a clinical reason

Treatment and management

Corticosteroids like prednisone or hydrocortisone , medicines that reduce inflammation, are the main treatment. Treatment taken by mouth or given through a vein may be used when lesions are widespread or when symptoms affect more than the skin. Improvement is often prompt, but the course must usually be reduced gradually under medical supervision.

A small number of lesions may be treated with a strong corticosteroid applied to the skin or injected into a lesion. These approaches have less effect on fever or inflammation elsewhere in the body.

Other anti-inflammatory or immune-modifying medicines may be considered if corticosteroids are unsuitable, cause significant side effects, or do not control the condition. Options described in specialist care include colchicine, dapsone, potassium iodide, and ciclosporin. Each has its own risks and monitoring needs, so treatment is selected for the individual rather than used routinely.

Management also addresses a possible trigger:

Do not stop a prescribed medicine on your own because you think it caused the rash. Some medicines need to be stopped carefully, and an untreated condition may carry greater risks.

Antibiotics like amoxicillin or doxycycline do not treat Sweet syndrome itself. They are used only if there is also a bacterial infection or if infection cannot initially be excluded.

- A suspected medicine may be stopped or replaced with professional guidance
- An infection is treated if testing shows that one is present
- An associated inflammatory condition may need better control
- Cancer-associated Sweet syndrome may improve when the cancer is treated

Complications

Skin lesions usually heal without permanent scarring, but darker or lighter marks can remain for a time. Open or damaged lesions can occasionally develop a secondary infection.

Sweet syndrome can return after treatment. Recurrence may happen without a clear reason, after re-exposure to a triggering medicine, or when an associated illness becomes active again.

Eye inflammation needs prompt assessment because some forms can threaten vision if

untreated. Symptoms such as eye pain, marked light sensitivity, reduced vision, or severe redness should not be treated as a routine skin problem.

Rare inflammation of internal organs can cause breathing problems, chest symptoms, weakness, confusion, seizures, or changes in kidney function. These complications are not typical, but they require urgent care.

Corticosteroids and other immune-modifying treatments can also cause side effects. The risks depend on the medicine, treatment length, and your other health conditions. Follow-up may include blood pressure checks, blood tests, or monitoring for infection.

Prevention

Sweet syndrome usually cannot be prevented because the immune reaction is often unpredictable and no trigger may be found.

If a medicine is strongly suspected, avoiding that medicine in the future may reduce the chance of another episode. This decision should be recorded in your medical notes and reviewed with the clinician who prescribed it. Re-exposure may sometimes be necessary when a medicine is essential, but that requires specialist planning.

Treating an associated inflammatory illness or cancer may reduce recurrences, although it cannot guarantee that Sweet syndrome will not return.

There is no proven diet, supplement, skincare routine, or lifestyle change that prevents the condition. Gentle skin care can reduce irritation but does not control the underlying inflammation.

Living with it and what to expect

An episode can develop quickly and may feel alarming because the lesions are painful and visible. With appropriate treatment, the inflammation often settles and the skin heals. The exact timing differs according to the extent of the condition, its trigger, and the treatment used.

Some people have one episode and never experience another. Others have repeated flares over months or years. Recurrence is more likely when an underlying inflammatory condition or blood disorder remains active, although it can also happen without an obvious reason.

After the raised lesions flatten, changes in skin colour may last longer than the pain and swelling. These marks often fade gradually. Protecting healing skin from strong sunlight may

help prevent dark marks from becoming more noticeable.

Keep a record of new medicines and the timing of any future symptoms. Photographs can help document how quickly lesions developed or changed. Attend planned follow-up so your healthcare team can confirm that the episode has resolved and review any underlying condition.

Sweet syndrome does not usually stop people from returning to their usual activities once symptoms settle. During a flare, pain, fever, fatigue, and treatment side effects may temporarily affect work, exercise, sleep, or caring responsibilities.

When to get medical help

Arrange a prompt medical assessment for a new, rapidly appearing, painful rash, particularly if you also have fever or feel unwell. The same symptoms can occur with an infection, so they should not be assumed to be Sweet syndrome even if you have had it before.

Seek same-day advice if you have diagnosed Sweet syndrome and develop:

Call emergency services for difficulty breathing, severe chest pain, fainting, new confusion, a seizure, sudden weakness, or a severe reduction in vision. These are not routine features of a skin flare and need immediate assessment.

Routine follow-up is appropriate when symptoms are improving as expected but you need treatment monitoring, help with side effects, or review of lingering skin marks. It is also important if the condition returns after treatment.

- New eye redness, discomfort, light sensitivity, or blurred vision
- A returning fever or rapidly spreading skin lesions
- Pus, increasing warmth, worsening pain, or other signs of infection
- New symptoms while taking corticosteroids or another immune-suppressing medicine

Common questions

Is Sweet syndrome contagious?

No. It is caused by inflammation rather than an organism that spreads between people. You cannot catch it by touching the lesions or sharing household items.

Is Sweet syndrome a type of cancer?

No. Sweet syndrome is an inflammatory condition. It can sometimes occur alongside cancer,

especially a blood or bone marrow cancer, but many people with Sweet syndrome do not have cancer.

How long does Sweet syndrome last?

The raised, painful lesions often improve after effective anti-inflammatory treatment. Without treatment, an episode may last longer. Recovery time is influenced by the severity of the inflammation and whether an underlying trigger remains active.

Can Sweet syndrome come back?

Yes. Some people have only one episode, while others experience recurrences. A return of symptoms may be linked to a medicine, an associated illness, or no identifiable trigger.

Does Sweet syndrome leave scars?

Most lesions heal without a permanent scar. Temporary darker or lighter patches can remain, especially after more intense inflammation. Deeper, open, or infected lesions are more likely to leave a lasting mark.

Should I change my diet?

No specific diet has been shown to treat or prevent Sweet syndrome. A balanced diet may support general health, but it does not replace anti-inflammatory treatment or assessment for an underlying trigger.

Sources

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