

Title:

Eosinophilic Cellulitis: A treatment refractory case

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Introduction:

Eosinophilic cellulitis (Well's syndrome) is a rare disease that is difficult to diagnose and treat. We present a case of refractory, difficult to treat eosinophilic cellulitis.

Case Description:

A 38 year old man presents with an intensely pruritic and burning vesicular rash of the hands and back. The rash is responsive to prednisone and relapses. Six years later the rash reappears diffusely on the scalp, wrists, back, abdomen, and ankles. On laboratory evaluation absolute eosinophils were noted to be 700. Biopsy of the rash was consistent with eosinophilic cellulitis. Bone marrow biopsy revealed no gene fusions or mutations suggestive of myeloproliferative hyper eosinophilic syndrome. He was started on prednisone 60 mg, but relapsed as the prednisone was slowly tapered. He was resistant to treatment with mycophenolate mofetil 1500 mg BID and cyclosporine 200 mg BID. A trial of reslizumab was attempted with minimal improvement. He was transitioned to benralizumab with gradual improvement of skin lesions.

Discussion:

Eosinophilic cellulitis is a disease with no typical clinical picture and thus is difficult to diagnose. A biopsy of the skin lesion is often required. The disease course is highly variable and often relapses. Treatment is based on case reports or small case series and ranges from topical corticosteroids to immunosuppressants. Treatment resistant cases may require anti IL-5 therapy.