

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. There is no typical clinical picture as lesions may present as papules, plaques, vesicles, or blisters. We present a case of refractory, difficult to treat eosinophilic cellulitis.

CASE DESCRIPTION

A 38-year-old man with no past medical history presented with new onset intensely pruritic and burning erythematous vesicular rash of the hands and back. He was treated with prednisone for 1 year with clearance of the rash. Six years later the rash reappeared 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 hypereosinophilic 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.

Skin lesions associated with eosinophilic cellulitis



Eosinophilic cellulitis can present in a variety of ways, one of which is a papulo-vesicular lesion commonly confused with cellulitis. .

DISCUSSION

Eosinophilic cellulitis is a disease with no typical clinical picture and thus is difficult to diagnose. Differentials to consider in such cases include bacterial cellulitis, drug induced bullous disorders, other infectious processes, erythema multiforme, and hypereosinophilic syndrome. A biopsy of the skin lesion is often required. Biopsy may show eosinophilic infiltrates, flame figures and granulomatous changes. 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.

EDUCATIONAL OBJECTIVE

Upon completion of this session, participants should be able to: Consider eosinophilic cellulitis in the differential diagnosis of rash associated with eosinophilia and recognize the utility of anti IL-5 therapy in treatment resistant cases.

REFERENCES

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