Eosinophilic fasciitis in a patient with psoriasis: an unusual association

Sirs,

An association of eosinophilic fasciitis (EF) with autoimmune, hematological, neurological, pulmonary and gastrointestinal tract disorders has been described. To our knowledge, the patient we describe is unique in having EF coexisting with psoriasis. A 36-year-old man was admitted to the outpatient Rheumatology clinic because of progressive stiffness in his forearms and calves. The symptoms appeared before 5 months, after strenuous exercise. There was no history of Raynaud’s phenomenon, dysphagia or respiratory symptoms. He had a 20-year medical history of psoriasis.

On physical examination, he had induration of the skin in the symptomatic areas (Fig. 1b), psoriasis rash in his elbows, knees and post auricular was noted (Fig. 1a). Laboratory testing revealed eosinophilia (white blood cell count 6800/mm³ with 17% eosinophils). C-reactive protein was elevated; creatinine kinase, transaminases and aldolase were within normal values; serum protein electrophoresis revealed diffuse hypergammaglobulinemia. Normal or negative results included antinuclear antibodies, rheumatoid factor, serum complement, Sc-70, anti-thyroid antibodies and antiphospholipid antibodies.

Chest X-ray, and CT were normal. Full thickness wedge biopsy of skin, fascia, and muscle biopsy specimens were obtained (Figs 1c, 1d). The skin biopsy showed evidence of scleroderma changes, epidermal atrophy and collagenosis of the dermis (Masson and CAB stains); moderate inflammation of the fascia and fibrous septa were also obtained (Fig. 1c). Sections demonstrating muscle showed thickness, collagenosis and inflammatory infiltration containing eosinophils. Histologically, this was most consistent with EF with moderate thickness wedge biopsy of skin and fascia biopsy specimens (c).

Our patient presented with psoriasis of his elbows, knees and post auricular along with histologically proven EF in his forearms and calves. Although this is probably a casual association of two autoimmune conditions, its description adds another condition to the list of diseases previously coexisting with EF. Whether this association was probably due to chance because of the high prevalence of psoriasis in the general population or not, our case demonstrates the widening spectrum of EF and its possibly immune mediated pathogenesis.

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References