

INTRODUCTION

Sweet Syndrome (SS) is a rare disease characterized by the abrupt appearance of painful skin lesions accompanied by fever, malaise, and often arthralgia. One third of cases include ocular involvement, usually in the acute onset stage in any form of anterior segment inflammation.

CASE PRESENTATION

Background:
A 57-year-old male was admitted to the ED for progressive bullous rash consistent with hydralazine induced cryptococcoid-like Sweets Syndrome along with worsening kidney and respiratory failure. The patient was treated with high dose systemic steroids. Throughout inpatient stay the patient's periorbital edema with ulcerative wounds was treated with moxifloxacin drops, lotemax and erythromycin ointment. The patient was discharged and admitted several times the next month and a half. After final discharge, he presented to ophthalmology triage clinic with a chief complaint of constant pain in each eye. Numerous healing ulcers were present along the lid margins and in the periorbital region along with trichiasis of the upper and lower lids in each eye. After two months of treatment and multiple epilation's, the patient was referred for scleral lens fitting.

Case History:
Chief Complaint: Eyes feel like there are “razor blades” in them, (+) epiphora, blurred vision. Mildly relieved with BCL in place, still some discomfort.

- Medical History:**
- Hydralazine Induced Cryptococcoid Sweet Syndrome
 - Acute Coronary Syndrome
 - Acute Renal Failure and Chronic Kindey Disease
 - Respiratory Failure
 - Diabetes Mellitus Type 2
 - Hypertension
 - Psoriasis

INITIAL CONTACT LENS FITTING

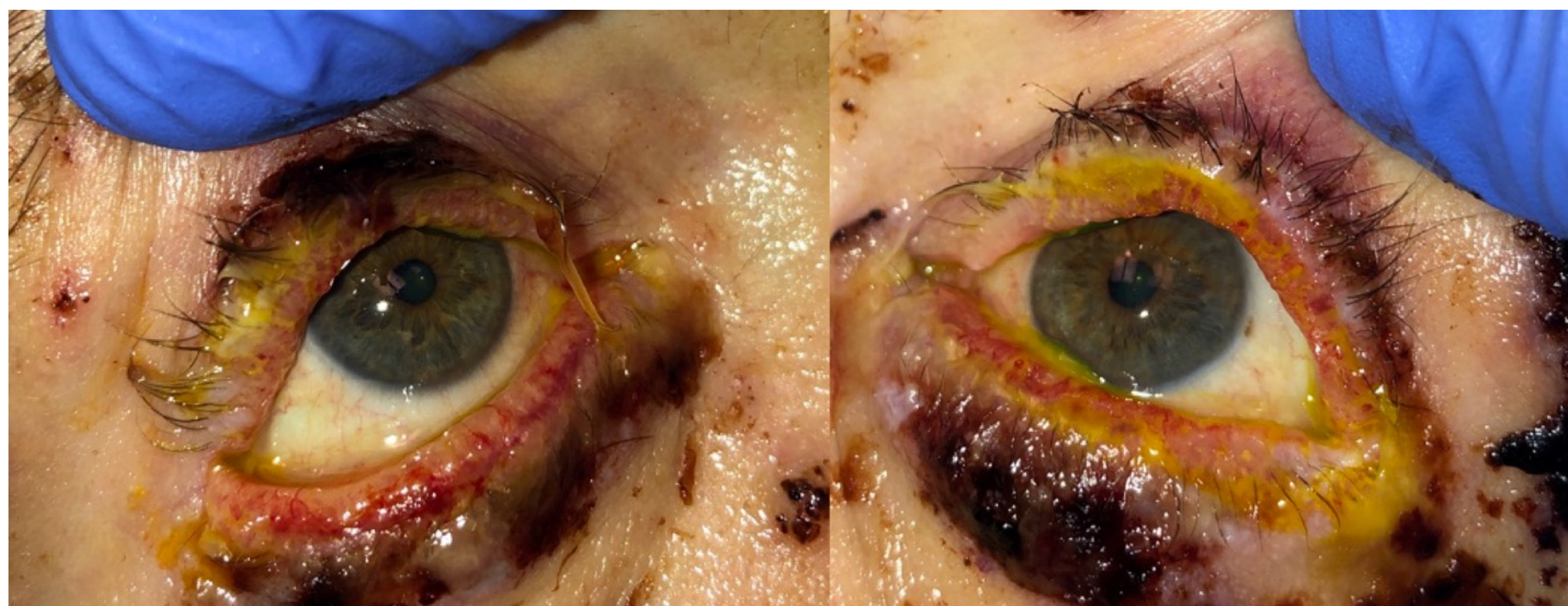
	Right	Left
External	Numerous scattered crusting skin lesions BUL dermatochalasis, (-) lagophthalmos	
Lids/Lashes	Thickened irregular lid margins, mild cicatricial like entr opion, 4 trichiatic UL lashes touching cornea	Thickened irregular lid margins, mild cicatricial like en tropion, 5 trichiatic U L lashes touching cornea
Conj/Sclera	Tr injection	Tr injection
Cornea	Scattered PEE's (BCL in place)	Scattered PEE's (BCL in place)

Table 1: Slit lamp examination at initial scleral lens fitting.

Management: Lashes from each eye were epilated and the patient was fit with Zen RC lenses.

	Lens	BC	Diam	Pwr	Addl. Specs
Right	ZenRC	7.50	15.4	-3.00 SPH	SAG 4600, APS STD, BXO2
Left	ZenRC	7.42	15.4	-4.25 SPH	SAG 4500, APS STD, BXO2

Table 2: Final contact lenses to be ordered.



Images 1-2: Ulcerative peri-orbital wounds involving the lid margin and palpebral conjunctiva of the right and left eye, respectively, during inpatient stay.



Image 3: Ocular status during acute ED presentation.

FOLLOW UP #1

CC: Excellent comfort OU, denies pain/ irritation. Mild blur OD.
Examination: Clear cornea OU, several trichiatic lashes UL OU. Almost all of the crusting lid lesions had resolved.

	Entering VA	ORx	VA	Fit
Right	20/25-	-0.50 SPH	20/20	100CC, tapers in MP. Mild horizontal lift. Dot 8:30
Left	20/20	+0.25 SPH	20/20	50CC, tapers in MP. Good edges 360. 2 dots 3:45

Table 2: Follow-up #1 lens examination.

Management: Lashes were once again epilated OU. Lenses were exchanged with the appropriate changes.

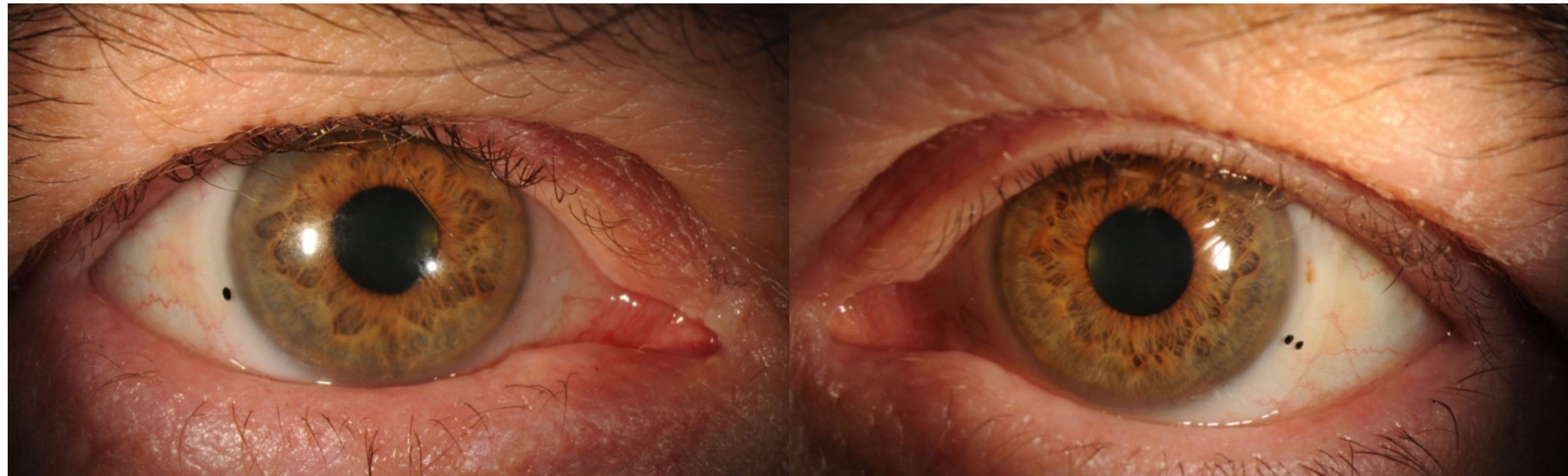


Table 2: Follow-up #1 lens examination.

Management: Lashes were once again epilated OU. Lenses were exchanged with the appropriate changes.

FOLLOW UP #2

CC: Excellent vision and comfort.
Examination: Several lashes from each eye remained turned inward touching the scleral lens. The cornea was clear without staining and the patient exhibited 20/20 vision in each eye.

CONCLUSION

This case describes the therapeutic application of scleral lenses for a unique cause of entropion associated with chronic trichiasis. This is the first case in the literature describing cicatricial changes to the lid margin secondary to Sweet Syndrome. Scleral lenses were indicated in this case to protect the ocular surface, allow for comfortable and clear vision throughout the day, and to delay surgical intervention.

References:
Guzmán-Almagro, E., et al. “Ocular Involvement in a Patient with Sweet Syndrome: Report of a Case and Review of the Literature.” Archivos de La Sociedad Española de Oftalmología (English Edition), vol. 95, no. 11, Nov. 2020, pp. 550–54. DOI.org (Crossref), <https://doi.org/10.1016/j.oftale.2020.06.007>