CLINICAL SNAPSHOT

Bullous Wells Syndrome

A previously healthy 5-year-old girl presented to our dermatology department with reddening, swelling, pain and blister formation on both feet. These symptoms were reported to have arisen following several mosquito bites 2 to 3 weeks earlier. Skin biopsy of the affected area showed a dense infiltrate of eosinophilic granulocytes (Figure b) throughout the dermis and the formation of so-called flame figures, i.e., focal accumulations of disintegrating eosinophilic granulocytes and degenerated collagen fibers. These arise from toxic degranulation products of the eosinophils. The blood count shows eosinophilia of 8.85 Gpt/L (normal: <0.7 Gpt/L). Stool test for worm eggs were negative. Other bullous dermatoses were ruled out histologically and serologically. The symptoms rapidly ameliorated after 1 week of treatment with systemic prednisolone. Eosinophilic cellulitis (Wells syndrome) is a rarely occurring dermatosis that is clinically manifested by a burning, itching, sometimes urticarial rash. Bullous forms of the disease are seldom seen. Insect bites and hematological and solid tumors have been proposed as possible causes.

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