

Monoclonal Gammopathy of Undetermined Significance and Neutrophilic Dermatosis

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A 62-year-old female presented with a three-day history of painful purple-red nodules on her face and extremities [Figure 1] associated with generalized malaise and arthralgia. The patient had a significant

medical history of monoclonal gammopathy of undetermined significance diagnosed in 2008, ovarian cancer, which was treated with surgery and chemotherapy in 2010, and thyroid cancer for which she underwent a thyroidectomy in 2011.

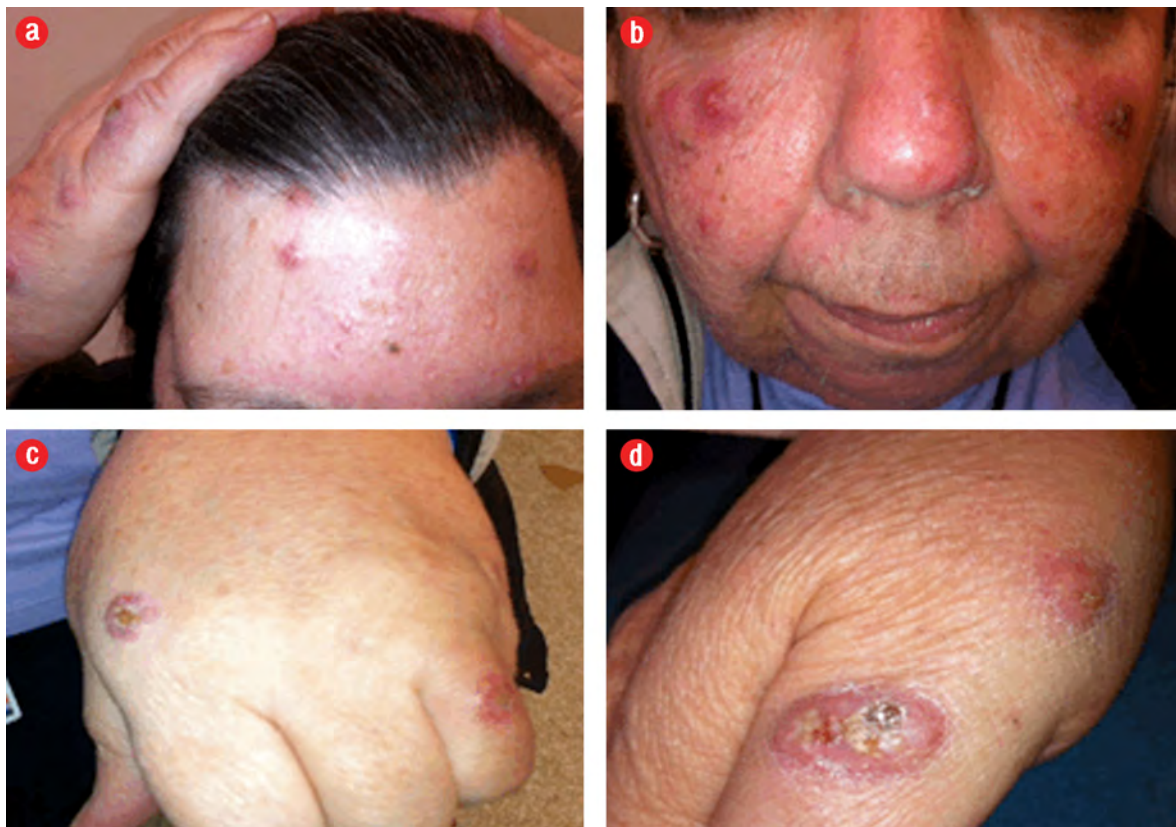


Figure 1: Erythematous, tender nodules, and papules, some with central crusting distributed asymmetrically over the face, dorsum hands, arms, and thighs.

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Laboratory investigations showed normal complete blood counts, high C-reactive protein levels (27.4 mg/L; normal range 0–5 mg/L), normal renal and liver function, normal CA 125 level, and normal bone marrow biopsy. Serum protein electrophoresis showed monoclonal immunoglobulin (Ig)-A with lambda peak. A skin biopsy revealed diffuse neutrophilic dermatitis with no evidence of vasculitis or stainable microorganisms.

Questions

1. What is the diagnosis?
 - a. Sweet's syndrome
 - b. Leukaemia cutis
 - c. Neutrophilic eccrine hidradenitis

2. Is there any association between monoclonal gammopathy of undetermined significance and this condition?
 - a. Yes
 - b. No
3. What is the first-line treatment?
 - a. Systemic corticosteroid treatment
 - d. Ciclosporin
 - c. Thalidomide

Answers to the quiz, and the full article, can be found online at www.omjournal.org.