Dermatology Practical & Conceptual

# Wells Syndrome

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## Case Presentation

A 44-year-old otherwise healthy female attended our outpatient clinic complaining of recurrent episodes of intensely pruritic annular erythematous plaques and papules involving mostly the upper and lower extremities and, to a lesser extent, the trunk. The lesions were yellowish in the center and pink/red at the periphery, dense in consistency that tended to expand centrifugally and clear in the center (Figure 1A). Dermatoscopy was unspecific, showing a structureless light-yellow central area and a pink erythematous rim, with short, linear, blurred vessels (Figure 1B). The laboratory examinations were unremarkable, with the exception of raised rate of eosinophils in the peripheral blood.

Histology showed both superficial and deep, mostly perivascular, dermal infiltrates of lymphocytes and numerous eosinophils, with presence of the characteristic "flame figures". The findings were consistent with Wells syndrome (Figure 1C). The episode resolved with low-dose oral steroids, but relapses occurred.

## Teaching Point

The list of differentials of Wells syndrome is long and diverse, including toxidermia, urticaria, sweet syndrome, granuloma annulare, and subacute lupus, whilst its etiology remains unknown. Triggering factors include infections, arthropod bites, hematological disorders, and drugs. The diagnosis is challenging and relies on its typical clinical manifestations, relapsing course, and the characteristic, though not pathognomonic, "flame figures" in histology [1,2].

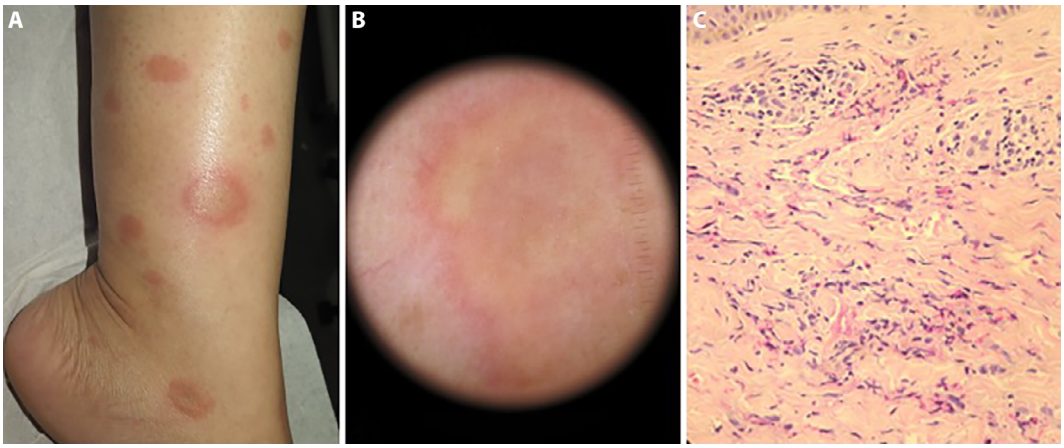


**Figure 1.** (A) Clinical aspect of highly pruritic annular lesions involving the lower extremities. (B) Dermatoscopy was unspecific, consisting of a yellowish central area and an erythematous rim. Blurred, short linear vessels were focally present at the periphery. (C) Histology revealed both superficial and deep, mostly perivascular, dermal infiltrates of lymphocytes and numerous eosinophils and "flame figures."

## References

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