A female patient was first seen at age 47 in 1977, when a malignant tumour of the left breast was removed. No sign of disseminated disease was found, and the patient received no additional therapy. In 1988, a pathological fracture of the left femoral neck revealed an osteolytic metastasis of an adenocarcinoma. Following osteosynthesis the patient was given cyclophosphamide, methotrexate, and 5-fluorouracil for 6 months. A stable, partial remission was obtained and the patient remained in good performance status (WHO stage 0–1). In May 1991, progressive bone pain was shown to be caused by multiple osteolytic lesions in the pelvic and columna bones. Prophylactic irradiation towards large lesions in the lumbar columna was given but without success, as multiple vertebral fractures emerged during the following months. At the same time as the diagnosis of disseminated bone involvement, the patient complained of multiple, painful, erythematous, raised lesions of the fingers and dorsal surfaces of the hands, the largest measuring 5 cm. The distribution of the lesions was confined to the hands, and the other parts of the body were without cutaneous symptoms. A short treatment with penicillin was without effect. After 14 days, a skin biopsy was performed, and findings characteristic for Sweet's syndrome were demonstrated. Therapy with prednisolone led to disappearance of skin lesions within a few days, but an attempt after 3 weeks to discontinue steroid therapy was followed by recurrence over the next month. The patient was therefore given prednisolone 15–25 mg daily continuously during the following months with complete remission of skin lesions. The patient presented no symptoms or haematological evidence of a myelodysplastic or leukaemic disorder. The malignant disease, however, showed progression and the patient died from disseminated breast cancer 5 months after the diagnosis of Sweet's syndrome.

The patient showed several clinical characteristics of Sweet's syndrome: female, age 60, lesions on the upper extremities only and prompt response to steroid therapy. Symptoms recur in 30% of cases [2]. Sweet's syndrome is an established paraneoplastic condition, but is hitherto rarely described in association with solid tumours. Our case suggests that the syndrome may reflect progression of an underlying cancer.

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Correction

Nutrients and cancer prevention.–This book (Vol. 28, 236) was published in 1991 and the correct ISBN number is 0896031713.