

Dermatose neutrophile aigue fébrile induced by the newest Comirnaty Omicron XBB.1.5 vaccine may be treated with chinese artichokes and tue chien porphyryzed powders in bags called “Polvere di Pistoia”

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Sir,

Dermatose neutrophile aigue fébrile (alias Sweet syndrome) is a rare inflammatory disease characterized by abrupt appearance of painful, edematous and erythematous papules, plaques and nodules on the skin, and frequently accompanied by fever and neutrophilia with a dense infiltration of mature neutrophils that are typically located in the upper dermis. The disease is classically associated with inflammatory disease, pregnancy, infection (mostly of the upper respiratory tract), or vaccination but may be idiopathic, associated with a hematological or visceral malignancy, or drug-induced.

Classical Sweet syndrome (CSS) usually presents in women between the age of 30 and 50 years. It is often preceded by an upper respiratory tract infection and may be associated with inflammatory bowel disease. It is characterized by the abrupt onset of painful erythematous plaques or nodules, but pustules and bullae are also described. Fever is observed in 30 to 80% of cases. Approximately one-third of patients with CSS experience recurrence of the dermatosis. Malignancy-associated Sweet syndrome (MASS) can occur as a paraneoplastic syndrome in patients with an established cancer or individuals whose Sweet syndrome-related

hematologic dyscrasia or solid tumor was previously undiscovered; MASS is most commonly related to acute myelogenous leukemia. The dermatosis can precede, follow, or appear concurrently with the diagnosis of the patient’s cancer. Hence, MASS can be the cutaneous harbinger of either an undiagnosed visceral malignancy in a previously cancer-free individual or an unsuspected cancer recurrence in an oncology patient. Drug-induced Sweet syndrome (DISS) most commonly occurs in patients who have been treated with granulocyte-colony stimulating factor, however, numerous medications have also be associated with DISS.

The pathogenesis may be multifactorial and still remains to be definitively established. Clinical and laboratory evidence suggests that altered expression of inflammatory effector molecules, abnormal neutrophil function and genetic predisposition have an etiologic role.

Sweet syndrome (SS) is a diagnosis of exclusion and is based on criteria (both of the major and 2 minor criteria are required for diagnosis). Major criteria include 1) abrupt onset of typical cutaneous lesions and 2) histopathology consistent with SS. Minor criteria include 1) lesions preceded by one of the associated infections or vaccinations; accompanied by one of the

How to cite this article: Martini L, D’Agostino F, Brzeziński P. Dermatose neutrophile aigue fébrile induced by the newest Comirnaty Omicron XBB.1.5 vaccine may be treated with chinese artichokes and tue chien porphyryzed powders in bags called “Polvere di Pistoia”. *Our Dermatol Online*. 2023;14(e):e60.

Submission: 23.10.2023; **Acceptance:** 23.11.2023

DOI: 10.7241/ourd.2023e.60

associated malignancies or inflammatory disorders; associated with drug exposure or pregnancy, 2) presence of fever and constitutional signs and symptoms, 3) leukocytosis, and 4) excellent response to systemic corticosteroids.

Differential diagnosis includes infectious disorders, inflammatory disorders (e.g. arthropod bites, halogenoderma, other neutrophilic dermatoses, Wells syndrome), and neoplastic disorders (e.g. leukemia cutis, lymphoma cutis, metastatic carcinoma).

Management of SS need to take into account any associated-diseases or medications. Systemic corticosteroids are the therapeutic gold standard. After initiation of treatment with systemic corticosteroids, there is a prompt response consisting of dramatic improvement of both the dermatosis-related symptoms and skin lesions. Topical application of high potency corticosteroids or intralesional corticosteroids may be used for treating localized lesions.

First-line oral systemic agents include indomethacin and dapsone. TNF alpha inhibitors and the IL-1 receptor antagonist (anakinra) have been used in case reports.

The symptoms and lesions may resolve spontaneously, without any therapeutic intervention; however, recurrence may follow either spontaneous remission or therapy-induced clinical resolution.

International Scientific Literature has been referring about the occurrence of this disease (as even Well's syndrome) after the inoculation of several covid vaccines, since 2021 [1-4] and the outset of the first symptoms of this syndrome are recorded after some days: in this peculiar case the occurrence of the dermatological pustules (with severe itch and slight night fever) has been observed after 44-48 hours.

The first of the AA discovered the old recipe in the Galenic Formulary and the other A procured the roots of Betony, a plant that is often confused with Lycopus (unuseful at all) or Pulegium (toxic), in the soils extremely rich in silica in the Terra dei Fuochi in Campania and moreover consented to undergo the experiment, since the value of his neutrophiles in blood count was 9800 unit for cubic millimeter.

Effectively, the AA found out from a very ancient text for galenic Practitioners [5] they had previously purchased at the bookstalls of Porta Alba at Naples, a

fanciful recipe of a powder to be dispensed in shape of gauze bags as tea that was baptized Polvere di Pistoia to cure elephantitis and/or infundibular cysts.

The old practitioner suggested some oral systemic agents as potassium iodide and colchicine.

Here the recipe is disclosed:

Porphyrized Colchicum autumnale bulbs (20);

Porphyrized Gentiana lutea radix (10);

Porphyrized Matricaria chamomilla flower heads (10);

Porphyrized Brionia dioica bud (10);

Porphyrized Betonica (stachys) off. Radix (50).

All these plants (except for Colchicum, yclept false saffron that is poisonous) are welcome in cookery, all over the world, especially Betony tubers (alias Chinese artichokes) that in Chinese cuisine, undergo a special pickling (Grande Saumure according to Escoffier). In particular, its tuber is a part of Osechi, cooked for celebrating Japanese New Year.

Brionia buds (pianta delle fate) are used in Southern Italian cookery to prepare omelettes and rissoles and are really exquisite.

As far the employ of potassium iodide the AA has chosen another ancient recipe (the Thierault's ointment) [6] to be spread after each washing of hands.

Here the Thierault's ointment is disclosed:

Potassium iodide (10);

Sapo animalis (20);

Animal glycerin (20).

(to melt hot).

Treatments lasted 4 days until the complete remission: bags were to be boiled for 5 minutes in hot water and drunk twice daily and the pommade was to be spread the most frequently onto hands and between the fingers.

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

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Source of Support: This article has no funding source.

Conflict of Interest: The authors have no conflict of interest to declare.