

Abstract

Aseptic Abscess Syndrome (AAS) is a rare systemic autoinflammatory disorder of unknown aetiology, presents with various features of neutrophilic dermatoses. The main features are recurrent fever, sterile abscesses formation involving skin, lymph nodes and other visceral organs and raised inflammatory markers which doesn't respond to the antibiotics however, excellent responses to the steroids. We report a 39-year-old man who presented with recurrent fever episodes associated with fatigue, multiple skin and visceral organs abscesses at a different time intervals and weight loss for five months duration. He also complained of painful oral ulcers, multiple wounds with purulent discharge of both legs for two weeks duration. Investigations revealed a neutrophil leukocytosis with markedly elevated inflammatory markers. Computed Tomography (CT) of chest-abdomen-pelvis revealed a splenic abscess, left-sided mild pleural effusion, and reactive left inguinal lymphadenopathy. The cultures from aspirated abscesses were sterile and the histology of abscess material demonstrated a heavy neutrophilic infiltrate. A diagnosis of Aseptic Abscess Syndrome was made. He was commenced on high-dose steroids which resulted in rapid resolution of fever and other symptoms. Although AAS commonly associated with other diseases, we should consider it as an isolation also as our case. Failure to recognize or delayed diagnosis of this condition would lead to life threatening complications.