

New Sinusitis Associated Syndrome with Psoriasis and Periophthalmitis

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Sinusitis as a trigger of autoimmune inflammation is well known in patients with granulomatosis with polyangiitis (Wegener's granulomatosis-WG), [1] Churg-Strauss syndrome [2], and, rarely, Guillain-Barre syndrome [3] and fibromyalgia [4]. We report a case involving unexplained sinusitis and psoriasis [5] association, in which microbial infection leading to sinusitis is deemed to play a crucial role [6]. A 29-year-old man with 10-year history of psoriasis and sinusitis presented with periophthalmic swelling, orbital pain and "red eyes" (Figure 1). He suffered from these ocular complaints for the past five years. Corticosteroid therapy resulted in only partial improvement in the eye symptoms. Discontinuation of prednisone therapy was associated with recurrence of eye complaints. Along with the eye symptoms physical examination revealed psoriatic plaques (Figure 2) and tenderness above the maxillary and frontal sinuses. The Shirmer's test was negative. Computer tomography revealed periophthalmic masses and pansinusitis. Rheumatoid factor was positive, while ANCA was negative. IGG was increased to 2100 and ANA negative. Other laboratory findings including X-Ray examinations and bacterial culture were unremarkable. We concluded that this is an unknown autoimmune syndrome involving psoriasis, periophthalmitis and pansinusitis (PPP-syndrome!). ANCA negativity and lack of skin, joint, lung and kidney involvement are associated with low likelihood of WG. Active sinusitis with staphylococcus microbial flora as the probable pathogen was proposed to be a trigger of autoimmune inflammation. For that reason sulfamethoxazole/trimethoprim was given in the dose of 960 mg twice a day for 10 days every month for a period of six months (Figures 1 and 2) along with dexamethasone 0.5 mg twice a day on a permanent basis. Psoriatic plaques, eye symptoms and sinusitis resolved gradually and completely after six month treatment.

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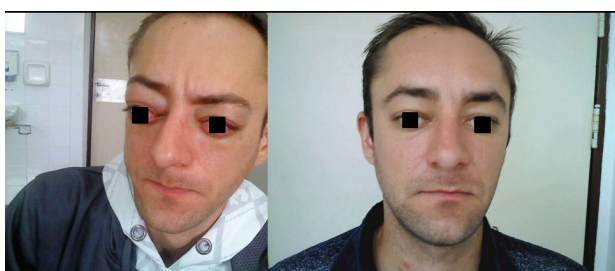


Figure 1: Periophthalmic swelling, orbital pain and red eyes.



Figure 2: Psoriatic plaques.

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