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Additional Diagnoses to Consider in Eosinophilic Fasciitis

To the Editor:

We have read with great interest the article by Schattner and Glick,[1] which discussed a case of eosinophilic fasciitis hidden in plain sight. In the article, the authors state that eosinophilic fasciitis is a "once seen, never forgotten diagnosis," and that the patient's presentation was practically pathognomonic. The author discusses potential differential diagnoses including systemic sclerosis and eosinophilic dermatoses, and we would like to highlight other potential differential diagnoses.

As the cause of eosinophilic fasciitis can be multifactorial with unknown pathophysiology, one report found 8 patients who began to develop symptoms while taking tryptophan.[2] These symptoms included myalgias, edema, and skin-tightening, which were all similar to those outlined in the aforementioned article. Similarly, laboratory studies also revealed elevated erythrocyte sedimentation rate and peripheral eosinophilia. In these patients, biopsy showed a mixed inflammatory cell infiltration of the dermis, hypodermis, and fascia. Additionally, several case reports have shown an association between certain checkpoint inhibitors, including pembrolizumab, and eosinophilic fasciitis.[3] As immunotherapies become more popular, immune-related adverse events are more frequently seen and important to remember. Although the most common immune-related adverse events include arthritis, polymyalgia rheumatica, and myositis, there have been at least 15 cases of checkpoint-inhibitor-associated eosinophilic fasciitis. This is to highlight that further medication history is vital to ascertain a potential confounding variable in this diagnosis.

In conclusion, when diagnosing eosinophilic fasciitis, a thorough history and medication reconciliation is crucial.

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