INTRODUCTION

A 55-year-old male patient presented with a 10-month history of discoloration and skin thickening of both forearms and shins. His past medical history included papillary thyroid carcinoma in remission but was otherwise unremarkable. He reported no other symptoms. On clinical examination, the range of motion of his elbow joints was restricted due to skin tightening. Upon elevation of his arms above the heart level, there were visible retractions of the veins (“groove sign”) (Figure 1A and B). Laboratory evaluation revealed eosinophilia of 13% and elevated erythrocyte sedimentation rate. Tests for autoantibodies were negative. A full-thickness biopsy of the skin revealed lymphocytic infiltration and fasciitis, consistent with eosinophilic fasciitis (EF, Shulman syndrome). Treatment with prednisone and methotrexate was initiated and led to a substantial improvement after 2 years of follow-up. EF is a rare disorder with an unknown prevalence1 and is part of the localized scleroderma spectrum. Patients usually present in their fourth to the fifth decade with pruritus and skin thickening. A full-thickness biopsy is required for the diagnosis. The “groove sign” is a classical clinical finding and, if present, should raise suspicion for a diagnosis of EF. Treatment with prednisone, methotrexate, or other immunosuppression usually leads to significant improvement2.

FIGURE 1 Demonstration of the groove sign. Visible veins of the forearm before elevation of the arm above the heart level (A). Retracted veins with groove-like appearance after arm elevation (B)
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CONFLICT OF INTEREST
None declared.

AUTHOR CONTRIBUTIONS
PK treated the patient, created the figure, and wrote the manuscript.

ETHICS STATEMENT
Written informed consent was obtained for use of the clinical images.

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