Hidradenitis Suppurativa: What shouldn't happen

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Abstract

Case report: In the context of our dermatology internship, a 30-year-old man presented with a 16-year history of recurrent boils and abscesses under both arms, neck, inter-mammary and perianal regions. They flared, causing pain, suppuration and an offensive odor. Scarring has developed in the neck, axillary and perianal area, and chronically draining sinus tracts were interspersed with normal skin (Hurley stage III). Treatment with short courses of antibiotics or with incision and drainage has had no effect, and he became socially isolated because of embarrassment about his condition. The patient didn't have any contact with his family doctor for years and he was overweight, had a positive family history and was a smoker. He is now on the 6 month of treatment with Monoclonal Antibody.

Introduction: Hidradenitis suppurativa is a chronic, recurrent and debilitating skin condition. It is an inflammatory disorder of the follicular epithelium and the etiology is not clearly defined. The diagnosis is made clinically based on typical lesions (nodules, abscesses, sinus tracts), locations (predominantly axillae, groin and perianal area), and nature of relapses and chronicity. Although the lack of curative therapy and the recurrent nature makes HS treatment challenging, there are effective symptomatic management options.

Findings: The man in this case report had a little response to Adalimumab in the first 6 months of treatment, although he stopped it during1month.

Conclusion: Family physicians play an important role in early detection/diagnosis and treatment before HS progresses to end-stage disease. As future Family physicians, we were very sensitized about this case and we pretend to play a role in our community to improve early diagnosis of HS. Family physicians should suspect of HS in patients that presents with recurrent skin abscesses, in order to prevent late direct complications, such as scarring and impaired quality of life.

Image



A B

Figure 1: A) Perianal area before treatment with adalimumab. B) Perianal area after 6 months of treatment with adalimumab.

Recent Publications

1. Jemec G.B.E. (2012) Hidradenitis Suppurativa. N Engl J Med 366: 158-164.
2. Kimball A.B., Okun M.M., Williams D.A., *et al.* (2016) Two Phase Phase 3 Trials of Adalimumab for Hidradenitis Suppurativa. N Engl J Med 375:422-434.
3. Lee E.Y., Alhusayen R., Lansang P., Shear N., Yeung J. (2017) What is hidradenitis suppurativa? Can Fam Physician 63(2):114-120.
4. Mekkes J.R., Bos J.D. (2008) Long-term efficacy of a single course of infliximab in hidradenitis suppurativa. Br J Dermatol. 158(2):370-4.
5. Alikhan A., Lynch P.J., Eisen D.B. (2009) Hidradenitis suppurativa: a comprehensive review. J Am Acad Dermatol. Apr;60(4):539-61.



Biography

Filipa Henriques da Silva has a degree in Medicine and she is a 1st year resident of Family Medicine. She has done an elective of 2 months in Dermatology in the Local/Regional Hospital. During this period she developed a passion for the study and diagnose of skin disorders.

Joana Veloso Gomes has a degree in Medicine and she is a 1st year resident of Family Medicine. She plans to acquire the instruments needed to diagnose and manage some benign skin lesions and improve both diagnosis and referral of more severe cases to the Dermatology department.

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