

Hidradenitis Suppurativa

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A 25-year-old man had mucopurulent discharge from multiple abscesses and sinuses (pictured) in the right axillary and inguinal regions that began 2 and 6 months ago, respectively. He had nodular swellings in the groin and a mildly raised temperature. Medical, surgical, family, and social histories and allergy were noncontributory. Hidradenitis suppurativa was diagnosed on the basis of history and clinical findings. Wide surgical excision of the nodules under general anesthesia was performed, and the patient recovered with excellent response.

Hidradenitis suppurativa, also known as *acne inversa* and *Verneuil disease*, is a chronic, inflammatory disease with recurrent painful subcutaneous nodules, typically after puberty and most commonly in the axilla and inguinoperianal regions.¹



Other symptoms include burning, pruritus, local warmth, and hyperhidrosis. It is generally diagnosed clinically without laboratory tests.² It affects women more frequently than men (3:1), and there have been reports of autosomal dominant inheritance.³

Oral antibiotics with anti-inflammatory and immunomodulatory properties are often first-line therapy. Osteopathic physicians should communicate the best preventive, medical, and psychological care strategy on the basis of the patient's presentation and circumstances.⁴ In extensive disease, wide surgical excision can dramatically improve the patient's quality of life. (doi:10.7556/jaoa.2014.162)

References

1. Verneuil A. Etudes sur les tumeurs de la peau et quelques maladies des glandes sudoripores. *Arch Gen Med.* 1854;4:693-705.
2. Collier F, Smith RC, Morton CA. Diagnosis and management of hidradenitis suppurativa. *BMJ.* 2013;346:f2121. doi:10.1136/bmj.f2121.
3. Von Der Werth JM, Williams HC, Raeburn JA. The clinical genetics of hidradenitis suppurativa revisited. *Br J Dermatol.* 2000;142(5):947-953. doi:10.1046/j.1365-2133.2000.03476.x.
4. Shah N. Hidradenitis suppurativa: a treatment challenge. *Am Fam Physician.* 2005;72(8):1547-1552.

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