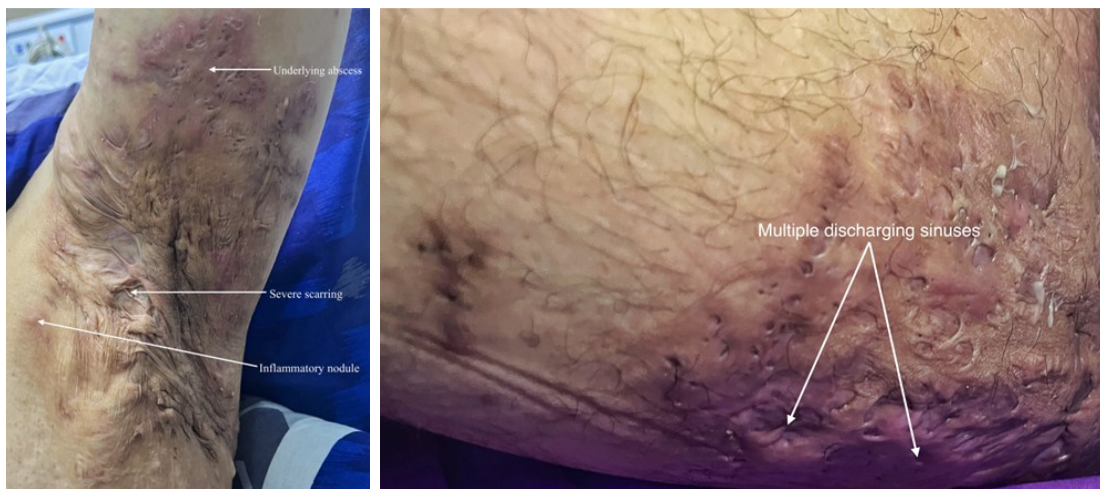


Chronic scarring disorder of the skin

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An obese male of Malay ethnicity in his late thirties and an ex-smoker presented with complaints of fever with multiple pustules, sinuses, and hypertrophic scars over both sides of his axilla (figure a) and groin, which are tender and painful in nature for the past one week (figure b). He has severe scarring on his face due to chronic facial acne.

What is the diagnosis and management of this condition?

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ANSWER

Hidradenitis suppurativa (HS) is an auto-inflammatory chronic cutaneous condition that affects the hair follicles in the intertriginous and anogenital areas of the body. Onset is common after puberty and is usually seen in young adults but can occur at any age. Female preponderance is observed with a female-to-male ratio of 3.3:1, and they are more prone to developing genitofemoral and axillary lesions.¹ This predisposition suggests a hormonal basis, but data is inconsistent and requires further study.

A few risk factors associated with HS include - smoking, obesity, diabetes mellitus, Crohn's disease, polycystic ovarian syndrome (PCOS), family history, Afro-Caribbean ethnicity, and lithium therapy.² The exact pathophysiology is not fully established; however, it is understood to be multifactorial, and a simplified version is shown in figure.

Features of HS include painful, persistent, or recurring inflammatory pustules and nodules, which later progress into multiple malodorous pus discharging sinus tracts and fistulas. These are followed by extensive hypertrophic scarring of affected areas. Healing is delayed in patients with multiple comorbidities, which sometimes results in open wounds with variable amounts of granulation tissue.²

The Hurley staging system is the most commonly used approach to categorise the disease based on its severity³:

Stage I (mild) - Recurrent nodules or abscesses without sinus tracts and scarring.

Stage II (moderate) - Recurrent abscesses with sinus tracts and scarring; lesions separated by normal skin in between.

Stage III (severe) - Recurrent abscesses with multiple interconnecting sinus tracts and fistulas along with diffuse scarring across the entire area..

Complications include sepsis due to infected lesions, anaemia due to chronic inflammation, contractures, skin disfigurement, and rarely, squamous cell carcinoma in long standing cases. Depression and social anxiety are seen in many cases due to difficulty in carrying out activities of daily living, causing significant impairment in the quality of life.

There are no conclusive laboratory investigations or imaging to confirm HS.³ It is a clinical diagnosis based on 3-point criteria, all of which must be met for the diagnosis to be considered final. The criteria is as

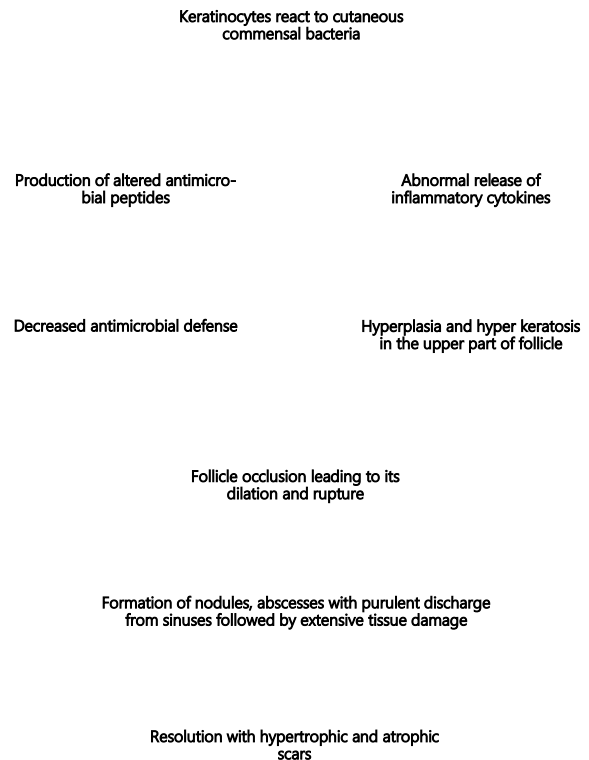


Figure 1: Pathogenesis of HS.

follows -

- 1: Type of lesions: painful nodules, double-open comedones, abscesses, draining sinuses, bridged scars.
- 2: Distribution of lesions: groin, axillae, buttocks, infra-mammary, buttocks, and perineal regions
- 3: Recurrence and chronicity of symptoms

HS is a complex disease with phases of relapse and remission. The treatment response is varied with no definitive cure, making it difficult to treat. Management guidelines vary and depend on the disease severity. A multidisciplinary team approach is needed for ensuring adequate care for the patient. The aim is to prevent disease progression and the formation of new lesions. Topical and oral antibiotics are mainstays in managing mild to moderate HS. Subcutaneous adalimumab, retinoids, and immunosuppressants like colchicine, azathioprine, and methotrexate are used in moderate to severe cases. Appropriate referrals to psychiatrists should be considered for patients showing signs of depression. Other treatment modalities include local and wide surgical excisions, cryotherapy, and laser therapy for chronic HS.

Lifestyle modifications consisting of smoking cessation, weight loss, avoiding tight fitting clothes, and dietary changes are important for symptom mitigation. Periodic follow up is essential to assess disease prognosis and treatment adherence.

Abbreviations

HS	Hidradenitis suppurativa
PCOS	Polycystic ovarian syndrome

Declarations

Conflict of interests

The authors declare no conflict of interests.

Consent

Consent has been obtained from patient and hospital authorities for publication.

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