

What's Behind these Abscesses?

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An obese 24-year-old female presents with a three-year history of recurrent abscesses in the axillary region. She received several courses of oral antibiotics which temporarily improved her condition. Her past medical history is otherwise unremarkable.

What is your diagnosis?

This is a case of hidradenitis suppurativa, a chronic suppurative and fistulising disease of the pilosebaceous unit. It is more common in women and most prevalent in the third decade, although untreated disease may persist later in life. Onset of the disease usually occurs after puberty, when apocrine sweat glands begin to develop.

Lesions are found in apocrine-gland-bearing regions, including:


- axilla,
- groin,
- perineum,
- perianal region,
- buttocks,
- areola,
- submammary region,
- nape of the neck, and
- retroauricular region.



Figure 1. Hidradenitis suppurativa

Early manifestations of the disease include painful erythematous nodules that may evolve into pustules, abscesses, ulcers, and sinus tracts. Serous, purulent, or blood-stained discharge is common.

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Lesions may persist for weeks or even months before healing with residual fibrosis. Recurrent crops of inflammatory lesions typically occur.

What's the cause?

The exact cause of hidradenitis suppurativa is unknown. Several pathogenic hypotheses have been proposed, including infection, friction, hormonal imbalance, immune and genetic factors, obesity, impaired glucose metabolism, cigarette smoking, and lithium therapy.

Differential diagnoses include:

- infected cystic acne,
- furunculosis,
- lymphogranuloma venereum,
- Crohn's disease,
- scrofuloderma, and
- actinomycosis.

The choice of treatment modality depends upon the stage of the disease. Non-specific measures should be encouraged in every case (*i.e.*, good hygiene, weight reduction, local anti-septics, avoidance of tight-fitting clothes, and smoking cessation).

Acute episodes can be treated with systemic antibiotics. The chronic use of topical antibiotics may be beneficial in some patients. Treatment options for chronic or relapsing disease include intralesional steroids, long-term oral antibiotics, or systemic retinoids. Surgery is usually reserved for severe refractory cases. [CME](#)

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