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Subtle Clues in Hidradenitis Suppurativa Diagnosis

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Hidradenitis suppurativa (HS) is an inflammatory disorder of the apocrine gland-bearing regions of the skin, which presents with recurrent painful nodules and suppuration. The primary nodules may develop into abscesses and tunnels (sinus tracts) and scarring (1). Patients often go years without a diagnosis, resulting in repeated courses of ineffective medical treatments, such as dicloxacillin, and surgical procedures, such as attempted incision and drainage. It may be speculated that, despite clear clinical diagnostic criteria for HS, for some less-experienced doctors, differential diagnosis may still not be well-established.

When diagnosing HS it is sometimes important to look for subtle clues in the form of typical morphological manifestations (2), some of which are described in the clinical cases below.

OBSERVATIONS

Case 1

A 22-year-old woman presented to the Department of Dermatology, Zealand University Hospital, Roskilde with a painful erythematous fluctuating abscess >2 cm on her left buttock (Fig. 1). A thorough examination revealed a red inflamed nodule (<1 cm) in the axilla (Fig. 2). A closer look at the surrounding skin in the axilla revealed other important findings

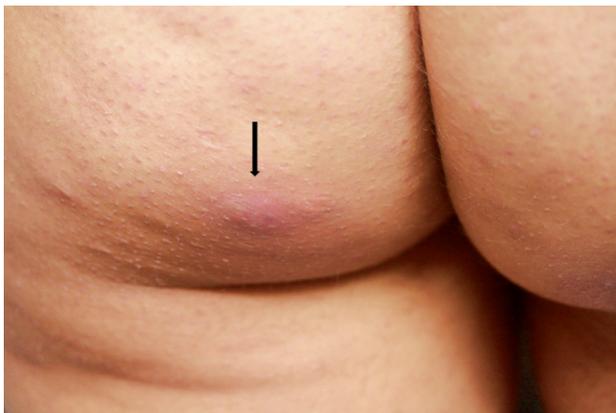


Fig. 1. Case 1: Erythematous abscess on left buttock (arrow).

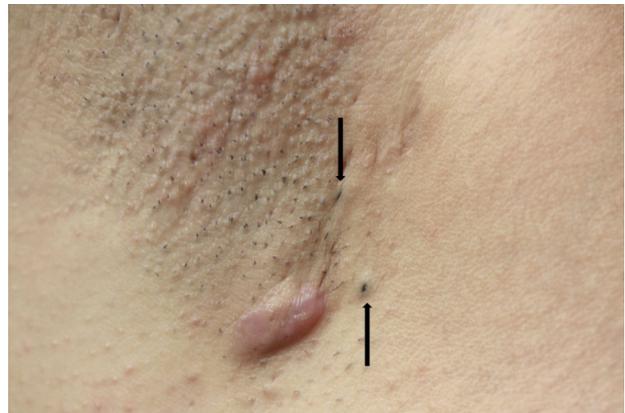


Fig. 2. Case 1: Lesion in the right axilla with scars and tombstone comedones (arrows).

that helped to make the clinical diagnosis of HS, namely the presence of tombstone (pseudo) comedones. This is a morphological manifestation of HS that may help to differentiate between a simple abscess and HS.

This distinction is important, as an incision and drainage procedure would probably have been performed if an infectious abscess was suspected, but due to the findings in the axilla that showed clear morphological manifestations of HS (i.e. tombstone comedones) and an inflamed nodule, treatment with intralesional triamcinolone was chosen to reduce local inflammation. In the absence of soft fluctuation, incision and drainage would have been inappropriate due to its low efficacy and high recurrence rate (3).

In addition, the patient stated that both her father and brother had a history of recurrent boils. It is therefore noteworthy to emphasize the importance of asking about the patient's family history and to look for HS-specific clues (also to examine other anatomical regions).

Case 2

A woman consulted the Department of Dermatology, Zealand University Hospital, Roskilde due to a nodule in the groin (Fig. 3). The patient reported purulent discharge and pain.



Fig. 3. Case 2: Deep-red nodule (green arrow) with nearly placed scars (red arrows) in the groin.

Examination revealed a red inflamed nodule, together with another important clinical sign of HS, namely scars. Scars close to the lesion illustrate that the patient has had previous similar eruptions. Since HS is a chronic disease, scars are an important clue when diagnosing HS.

DISCUSSION

It is sometimes difficult to differentiate between HS nodules/ abscess and bacterial abscesses. The following clues may help

the clinician to strengthen the suspicion of HS: (i) morphological manifestations (i.e. tombstone comedones and scars close to the lesion); (ii) chronicity (or recurrence) of the eruptions (nodules, abscess or tunnels); (iii) multiple eruptions in the intertriginous skin areas (groin, axilla, buttocks, mamma, etc.); and (iv) family history of HS.

CONCLUSION

Occasionally the diagnosis of HS is not obvious, but relies on more subtle clues, as presented in the clinical cases described here. It is important that clinicians develop the skill to differentiate between HS and infectious abscesses, and thereby avoid HS patients having to undergo unnecessary procedures, which may be both physically difficult and emotionally exhausting.

REFERENCES

1. Zouboulis CC, Del Marmol V, Mrowietz U, Prens EP, Tzellos T, Jemec GB. Hidradenitis suppurativa/acne inversa: criteria for diagnosis, severity assessment, classification and disease evaluation. *Dermatology* 2015; 231: 184–190.
2. Scheinfeld N. An atlas of the morphological manifestations of hidradenitis suppurativa. *Dermatol Online J* 2014; 20: 22373.
3. Ritz JP, Runkel N, Haier J, Buhr HJ. Extent of surgery and recurrence rate of hidradenitis suppurativa. *Int J Colorectal Dis* 1998; 13: 164–168.