

BACKGROUND:

Hidradenitis Suppurativa (HS) is a chronic relapsing and debilitating inflammatory condition involving the folliculo-pilo-sebaceous unit of the skin. The disease localizes to the axilla, inframammary and inguinal/perineal regions, often bilaterally.

It commences at puberty affecting females 3:1. Smoking and obesity are major contributing factors.

Genetic, hormonal, and inflammatory cytokines IL 12,23 and TNF- α all are involved.

Pathology: ductal keratinocyte hyperplasia with occlusion of the follicular unit, bacterial overgrowth and biofilm formation. Multiple abscesses develop, coalesce forming interconnecting purulent draining sinus tracts. Scarring, glandular destruction and tissue deformity can follow.

Diagnosis: by history and physical exam.

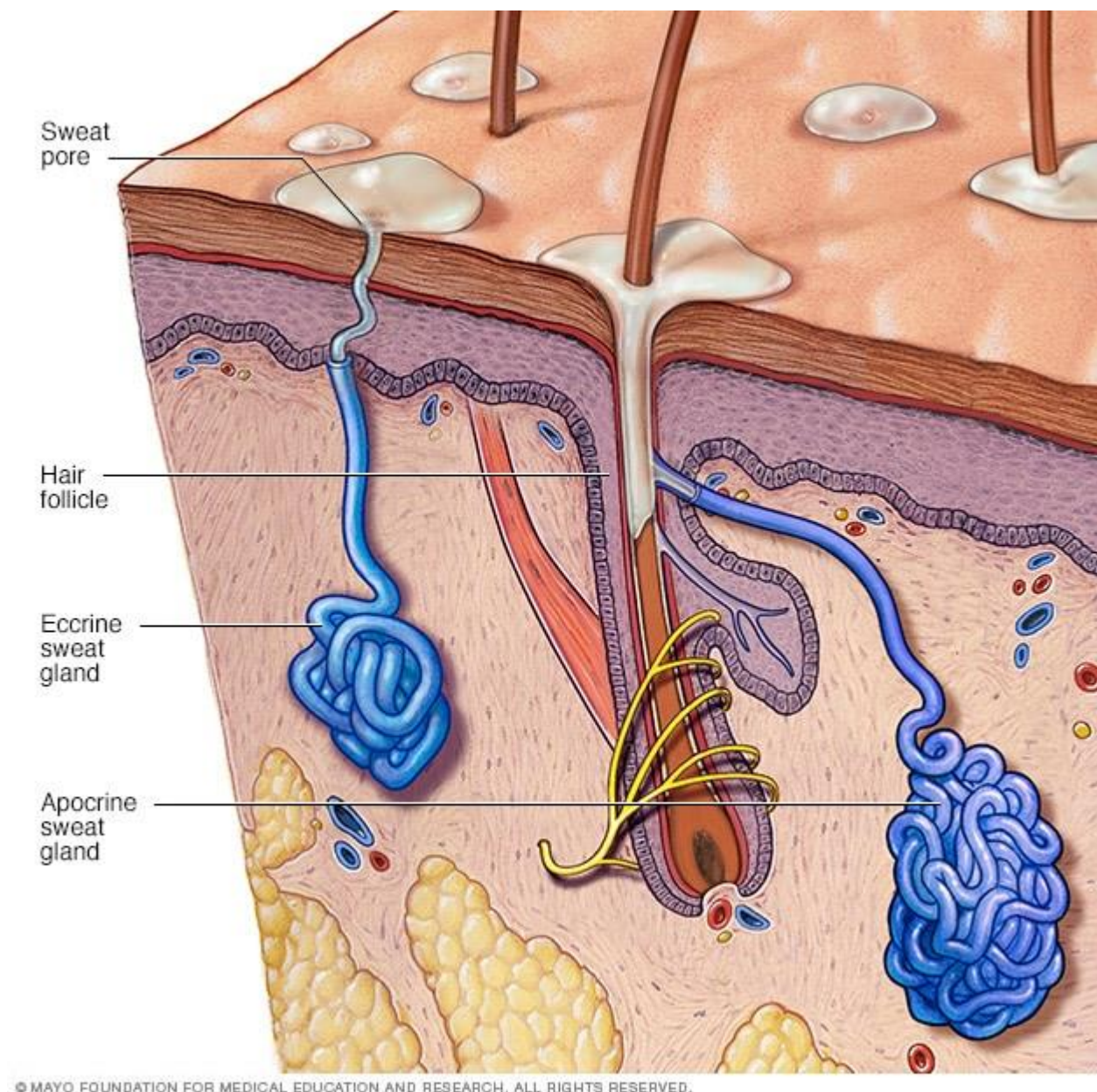
Hurley stages (1989) characterizes the disease extent:

- I Single/inflammatory nodules or abscess without sinus tract or scarring
- II Recurrent widely separated nodules or abscess with sinus tract and scarring.
- III Diffuse wide involvement of multiple interconnecting abscesses with sinus tracts and scarring.

HS affects patient's quality of life often leading to psychosocial distress and inability to work.

Multiple medical treatment options have been proposed with varying results.

Surgery offers the best response for Stage II & III disease avoiding prolonged often unsuccessful treatments.



Treatment Techniques For Stage II Disease

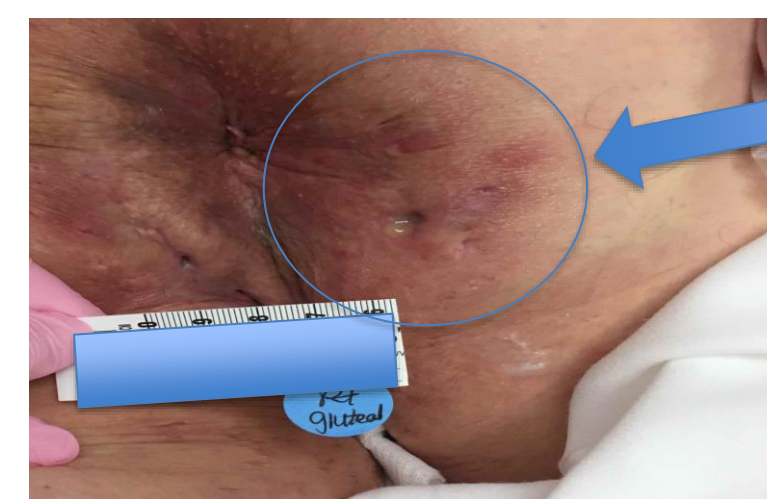
1. Punch excision
2. Unroofing technique for coalesced lesions

Needed: 4 mm punch biopsy, scissors and forceps, local anesthesia 2% lidocaine without epinephrine, silver nitrate for hemostasis as needed, foam dressing.

Punch excision technique for stage II disease

Technique: (multiple lesions can be excised)

1. Cleanse area to prepare for treatment.
2. Infiltrate lesion with lidocaine.
3. Use 4mm punch biopsy to excise all diseased tissue.
4. Use forceps to grasp excised lesion and scissors to remove any attaching tissue at its base.
5. Obtain hemostasis with digital pressure and silver nitrate sticks as needed.
6. Cover excision site with foam dressing.



06/25/22 Right gluteal lesions



06/25/22 removal of base of lesion

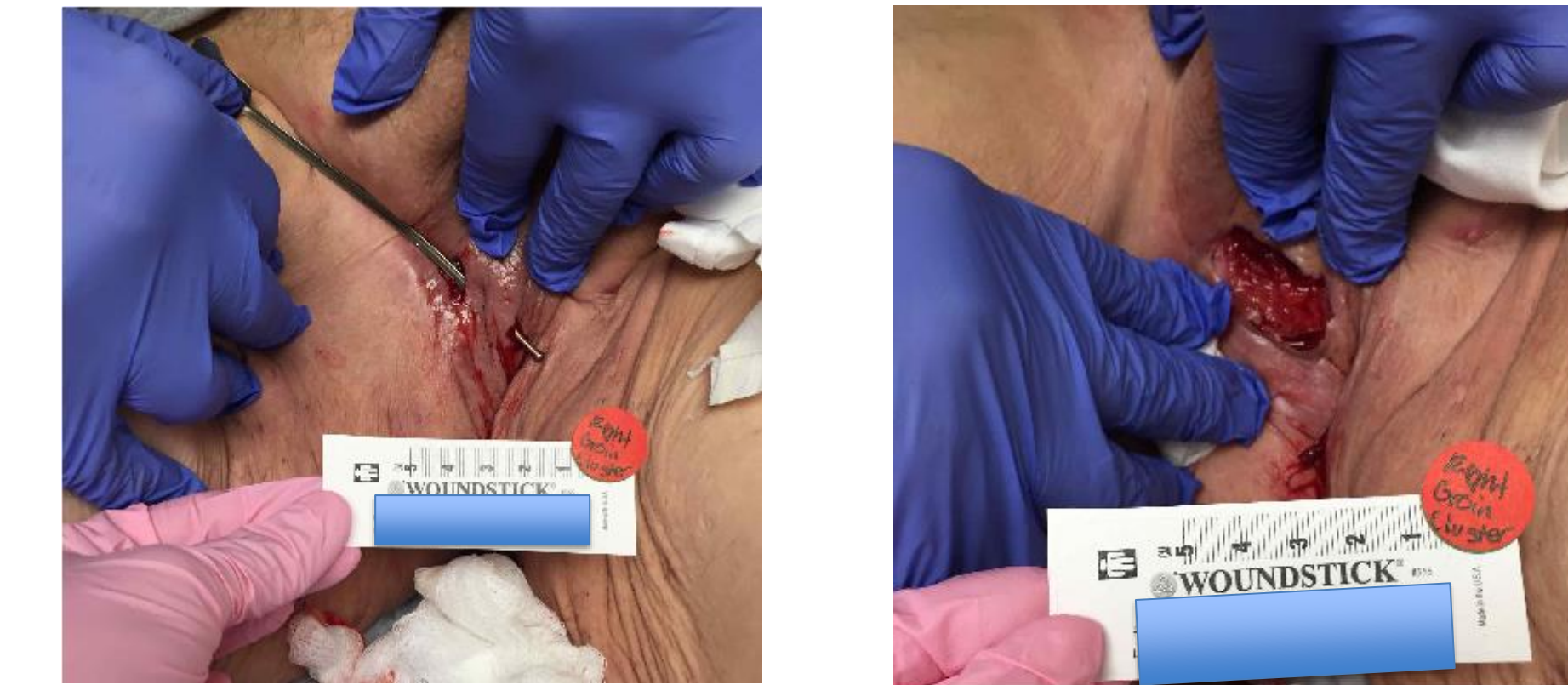


06/25/22 after punch biopsy



08/23/22 follow up

Unroofing Technique



Removal of skin bridge and debridement of underlying diseased tissue.



03/28/19 Left axilla pathology



05/23/09



07/11/19



06/27/22 Abdomen



07/11/2022

CONCLUSION:

An excisional punch technique or unroofing, as presented, is an effective office treatment. Acceptable results obtained without recurrence at the excision site. This avoids prolonged and costly therapy. No antibiotics were used in the treatment of these lesions.