

Clinical-Medical Image

Hidradenitis Suppurativa: A Rare Clinical Image

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Figure 1: Large nodular perineogenital mass.



Figure 2: CT scan of the mass.

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Hidradenitis suppurativa, also known as acne inversa, is a chronic, recurrent, inflammatory and suppurative dermatosis. It was first described by Velpeau in 1839, then by Verneuil in 1854 [1]. Lesions mainly occur in anatomical areas rich in apocrine glands: inguinal, genital, perianal, axillary, inter- or sub-mammary regions. The clinical pictures are multiple: intermittent or continuous minor and major forms. Patients' quality of life is generally impaired. The etiopathogenesis of the disease remains poorly elucidated, but appears to be multifactorial, involving hormonal, genetic and immunological factors [2]. The disease evolves chronically, with flare-ups causing painful inflammatory swellings and fistulas oozing malodorous pus. It is a breeding ground for squamous cell cancers of the perineal and genital regions. We present here the case of a 46-year-old female patient with a history of smoking and type 2 diabetes, followed up for Hidradenitis suppurativa of perineo-gluteal and genital localization evolving for 18 years and irregularly treated with oral antiseptics and cyclins. A CT scan of the pelvis showed infiltrative plaque-like lesions of the skin and subcutaneous tissue of the gluteal, perianal and external genitalia. A suppurative collection in the left buttock with fistulous tracts. The patient underwent incision of the pregnant lesion with drainage of multiple pus pockets, and biopsy specimens were taken. The anatomopathological result was in favor of inflammatory involvement with no signs of malignancy. Our patient subsequently benefited from antibiotic therapy based on protected amoxicillin-acid and quinolones, combined with local care and anti-inflammatories. This management improved the patient's suppurative and painful condition, and he was then referred to the plastic surgeon for possible extensive excision surgery.

Keywords: Suppurative hidradenitis; Clinical diagnosis; Treatment

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Conflict of Interest

The authors declare no conflict or competing interests.

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