

EM CASE OF THE WEEK.

BROWARD HEALTH MEDICAL CENTER
DEPARTMENT OF EMERGENCY MEDICINE



Care Warriors

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Hidradenitis Suppurativa

A 34-year-old obese white male with a past medical history of recurrent inflammatory lesions involving the axillary regions bilaterally presents to the ED with a large, swollen, tender mass resembling a cutaneous abscess under his left axilla. The lesion has been steadily increasing in size for the past couple of days. He denies fever, chills, headache, and lymphadenopathy. The patient's vital signs are within normal limits. On physical exam, there is a cluster of erythematous abscesses with significant inflammation under the left axilla. The area is irritated, firm, and fluctuant, and due to its chronic nature most likely has multiple sinus tracts. What is the most appropriate method of treatment for this patient's condition?

- A) Topical clindamycin, intralesional corticosteroids, and oral antibiotic
- B) Longer courses of oral antibiotics and punch debridement
- C) Longer courses of oral antibiotics and incision and drainage
- D) Infliximab and wide surgical excision and repair or grafting
- E) No treatment is required at this time

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Hidradenitis suppurativa is recognized as a chronic inflammatory disorder involving both the hair follicles and their associated structures. Inflammation and occlusion of the hair follicles leads to rupture and the subsequent development of abscesses, sinus tracts, and scarring.

EM Case of the Week is a weekly "pop quiz" for ED staff.

The goal is to educate all ED personnel by sharing common pearls and pitfalls involving the care of ED patients. We intend on providing better patient care through better education for our nurses and staff.

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The correct answer is C. Diagnosis of hidradenitis suppurativa is by clinical evaluation, and the Hurley staging system is utilized to categorize the severity of the disease. Once the level of severity is determined, appropriate treatment follows. The patient described above is suffering from Hurley Stage II Hidradenitis Suppurativa, and should be treated with a longer course of antibiotics following an incision and drainage procedure to evacuate the abscess and provide pain relief.

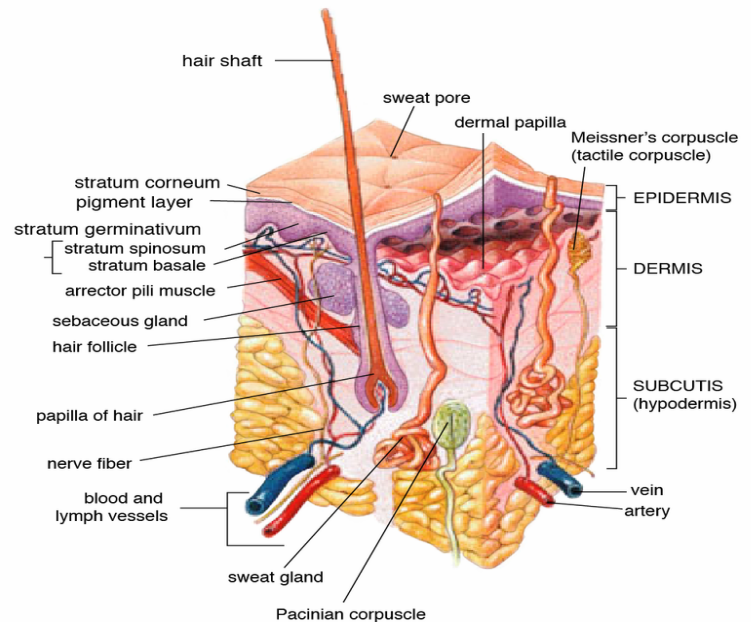
Discussion

Hidradenitis suppurativa is chronic condition characterized by a scarring, acne-like inflammatory process that presents in the axillae and groin, as well as around the nipples and anus. Patients suffering from this dermatologic disease most frequently present complaining of painful inflammatory masses that resemble an abscess.

The condition is most common in patients who are female, overweight/obese, or smokers. While we are unsure what causes hidradenitis suppurativa to develop, it is believed that hormonal and autoimmune components play a significant role.

On physical exam, there are visible clusters of lesions resembling pimples, cysts, folliculitis, and boils or abscesses, depending on the severity of the patient's condition and flare up. In chronic cases, there is frequent sinus tract formation that may become infected, as well as coalescence of inflamed masses causing palpable, cord-like fibrotic bands. Lesions may be extremely tender and often present with a foul odor.

Diagnosis is clinical. Cultures should be taken in chronic patients with deep abscesses and sinus tracts. It is important to differentiate this condition from similarly appearing dermatologic lesions, including cellulitis, folliculitis, furuncles/carbuncles, lymphadenitis/lymphangitis, and cutaneous abscesses, in order to provide appropriate treatment.



Treatment

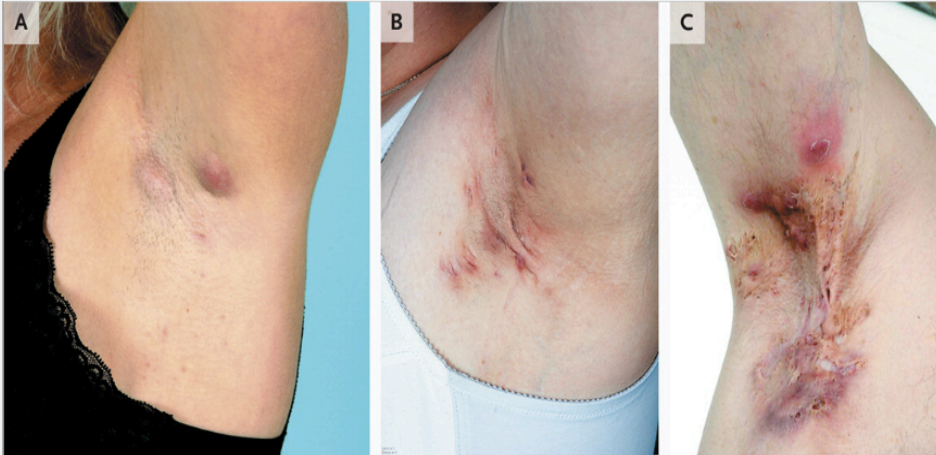
Treatment of hidradenitis suppurativa is based on the patient's Hurley stage. The Hurley staging system, explained on the following slide, describes the severity of the disease, allowing practitioners to develop a tailored treatment plan targeted to the patient's individual needs. The goal of any treatment method is to decrease inflammation, remove sinus tracts, and ultimately prevent new lesions from forming.

- Stage I: Topical clindamycin, intralesional corticosteroids, and oral antibiotics
- Stage II: Longer courses of oral antibiotics and sometimes drainage or punch debridement
- Stage III: Infliximab and often wide surgical excision and repair or grafting

For a list of educational lectures, grand rounds, workshops, and didactics please visit BrowardER.com and click on the **"Conference"** link.

All are welcome to attend!

Hurley Staging System



(Via <http://hqmeded.com/hidradenitis-suppurativa/>)

- **Stage I:** Abscess formation, single or multiple, without sinus tracts or scarring (Letter “A” above)
- **Stage II:** Single or multiple, widely separated, recurrent abscesses with sinus tract formation or scarring (Letter “B” above)
- **Stage III:** Diffuse or near diffuse involvement or multiple interconnected sinus tracts and abscesses across the entire area (Letter “C” above)

Take Home Points

- Hidradenitis suppurativa can be a devastating and debilitating chronic skin condition.
- Lesions range from small, painful lumps to large congregations of abscesses with sinus tract formation and are commonly found in areas where the skin rubs together.
- Early diagnosis and treatment can prevent worsening.
- In the emergency department, practitioners may be tempted to treat an acute flare of hidradenitis suppurativa like any other abscess, when in reality treatment should be tailored to the stage of disease.
- Treatment should be based on the Hurley staging system.



ABOUT THE AUTHOR

This month’s case was written by Stephanie Oberweger. Stephanie is a graduate of the University of Florida and is currently a second year physician assistant student from Nova Southeastern University. She did her emergency medicine rotation at BHMC in October 2016. Stephanie plans on pursuing a career in Pediatrics after graduation.

REFERENCES

- AMA: Hidradenitis Suppurativa [Internet]. Kenilworth: Merck Manual; 2013. Hidradenitis Suppurativa; 2013; [all]. Available from: <http://www.merckmanuals.com/professional/dermatologic-disorders/bacterial-skin-infections/hidradenitis-suppurativa>
- AMA: Hidradenitis Suppurativa [Internet]. American Academy of Dermatology; 2016. Hidradenitis Suppurativa; 2016; [all]. Available from: <https://www.aad.org/public/diseases/painful-skin-joints/hidradenitis-suppurativa>