



Hidradenitis Suppurativa (Inverse acne)

Hidradenitis suppurativa (HS) is a skin condition that consists of tender nodules which sometimes drain, and are located mostly in the underarm area and groin. Although these appear to be infectious boils, this is not an infection, but actually is cystic acne of this area.

Like acne, HS most often begins after puberty. It occurs in men and women, and is often more severe in men, worsened by testosterone. It is more common in people of African descent as well. People with HS experience painful, deep, firm areas that come to the surface as red nodules. These usually open and drain. They sometimes heal, or, at other times, they continue to drain, or recur in the same spot. Scarring is common.

HS remains localized primarily to the underarm area and/or the genital area, and never spreads to the lower legs, feet, forearms, or hands. However, the genital area occasionally includes not only the vulva and scrotum, but also the buttocks, upper thighs, and lower abdomen, so that the occasional patient experiences rather widespread boils.

The first-line treatment of HS is the same as that for cystic acne. Some antibiotics by mouth improve inflammation, even though HS is not an infection. Doxycycline, minocycline, clindamycin, and trimethoprim-sulfamethoxazole are the most often used. Because this is not a curable infection, the antibiotics must be used continuously, and require a month for any improvement, and about three months for maximal improvement. Topical medications such as benzoyl* peroxide or tretinoin normally used for acne are too irritating to use in the sensitive underarm and groin areas. Oral contraceptives and spironolactone are believed to be useful by some, by decreasing the effects of testosterone

For people who have an occasional painful nodule, a few drops of cortisone injected into the nodule with a needle in the office can shrink it very quickly without a worry of exposing the whole body

to a cortisone. Unfortunately, cortisone creams and ointments do not penetrate deep enough to help, and they may worsen the overall HS.

For patients who are not controlled with long-term antibiotics and local injections, either individual non-healing nodules or a whole affected area can be surgically removed. Underarm skin is loose and the area is small, so underarm HS is usually cured by surgery. But, in the genital area, the areas of involvement can be too large to entirely take out, but the worst areas can be removed.

Most recently, several medications developed for rheumatoid arthritis and psoriasis have been found effective for HS. These are etanercept (Enbrel[®]), adalimumab (Humira[®]), and infliximab (Remicoid[®]). These are extraordinarily expensive and sometimes denied for this condition by insurance companies.

Although HS is a chronic skin problem, careful therapies often improve symptoms enormously.