Journal Homepage: - www.journalijar.com
INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)
Article DOI: 10.21474/IJAR01/6090
DOI URL: http://dx.doi.org/10.21474/IJAR01/6090

RESEARCH ARTICLE

HIDRADENITIS SUPPURATIVA IN PERIMENOPAUSAL AGE.

Faisel alrbiaan and Mr. Alberto vella.
University of MALTA – faculty of Medicine and Surgery Mater Dei Hospital Msida Malta.

Manuscript Info

Manuscript History

Received: 18 October 2017
Final Accepted: 18 November 2017
Published: December 2017

Abstract

Hidradenitis is a chronic condition that can affect the patient's quality of life. The disease affects the sebaceous follicles in the skin. Accurate diagnosis and early management of the condition, can prevent severe damage and scarring to the skin. The hormonal changes associated with puberty and androgen are responsible for the pathogenies of the condition. A genetic susceptibility to the condition is also reported in the patients. The condition is more common in women than in men. A management of disease is required to control the formation of new lesions and to aid healing of old lesions.

Introduction:-

We present a case of hidradenitis suppurative (HS) in a gynaecological patient who presented with menorrhagia and dysmenorrhea, which was later diagnosed as intrauterine fibroids and managed with TAH + BSO.

Case report:-

A 49 years old married woman presented to the clinic with heavy menstrual bleeding, pain, and the presence of clots in the last few periods. The patient also complains about the presence of painful itchy red lumps and bumps.

The symptoms in this patient, in addition to the findings during clinical examination, could be a flare up of HS lesion, which may be due to the hormonal disturbances that occur prior to the menopause. HS usually subsides after menopause. Considering that the patient is already 49 and is approaching menopause, a complete remission of the condition may occur after menopause. The lesions can be managed using topical application of Clindamycin. The patient does not smoke but she is obese and drinks alcohol socially, which could lead to HS flares.

The patient is gravida 1, para 1. She is not sexually active and never used oral contraceptive pill (OCP). Her last delivery was in 2004 by elective C-section and has no history of any complication of early pregnancy. In 1999, the patient suffered from an abscess in her left thigh, which was incised and drained.

Corresponding Author:- Faisel alrbiaan.
Address:-University of MALTA – faculty of Medicine and Surgery Mater Dei Hospital Msida Malta.

Comment:-

Hidradenitis suppurativa (HS) is characterized by the recurrent inflammation of skin that contains apocrine gland, and it develops after puberty. These recurrent episodes of HS, occur premenstrually. The affected patient has deep-seated inflammatory lesions that may develop into nodule or abscess. These inflammatory flares may last for 7 to 10 days, if left untreated. It recurs with every menstrual cycle. HS lesions are accompanied by pain, suppuration, and foul odor from the inflamed skin. This can affect the quality of life. (Margesson and Danby, 2014)

The condition is relatively yet and a reasonable number of people suffer from this condition. The point prevalence can vary from 1 to 4%. HS is more common in women than in men (3 women for every one man affected). The prevalence of this condition is found to be reduced in the more than 50 years of age population. It is more common in younger age groups 20s and 30s. (Revuz et al., 2008)

HS can be diagnosed in patients by identifying deep-seated painful nodules, abscess, draining sinuses, scares or open comedones. The lesions in HS are deep seated and do not burst like simple boils. Unlike boils, HS lesions tend to rupture horizontally and into the subcutaneous region.

HS lesions in the patient require some other investigations in order to confirm or exclude other diagnoses such as bacterial infection, tumor, deeply situated fungi, Crohn's disease and Ano-vulval fistula.

HS has many different aetiologies: bacterial infection, genetic susceptibility, immunosuppression, hormonal factors, mechanical factors, and dietary factors. A genetic linkage in the family, was reported in cases of HS. The condition has shown to have an autosomal dominant mode of inheritance. Severe acne and perifolliculitis capitis are noticed, when the disease is linked to mutation of γ-secretase complex. HS can make the person susceptible to other skin problems like psoriasis and eczematous dermatitis. As skin affections accompany the HS, primary condition is often misdiagnosed.

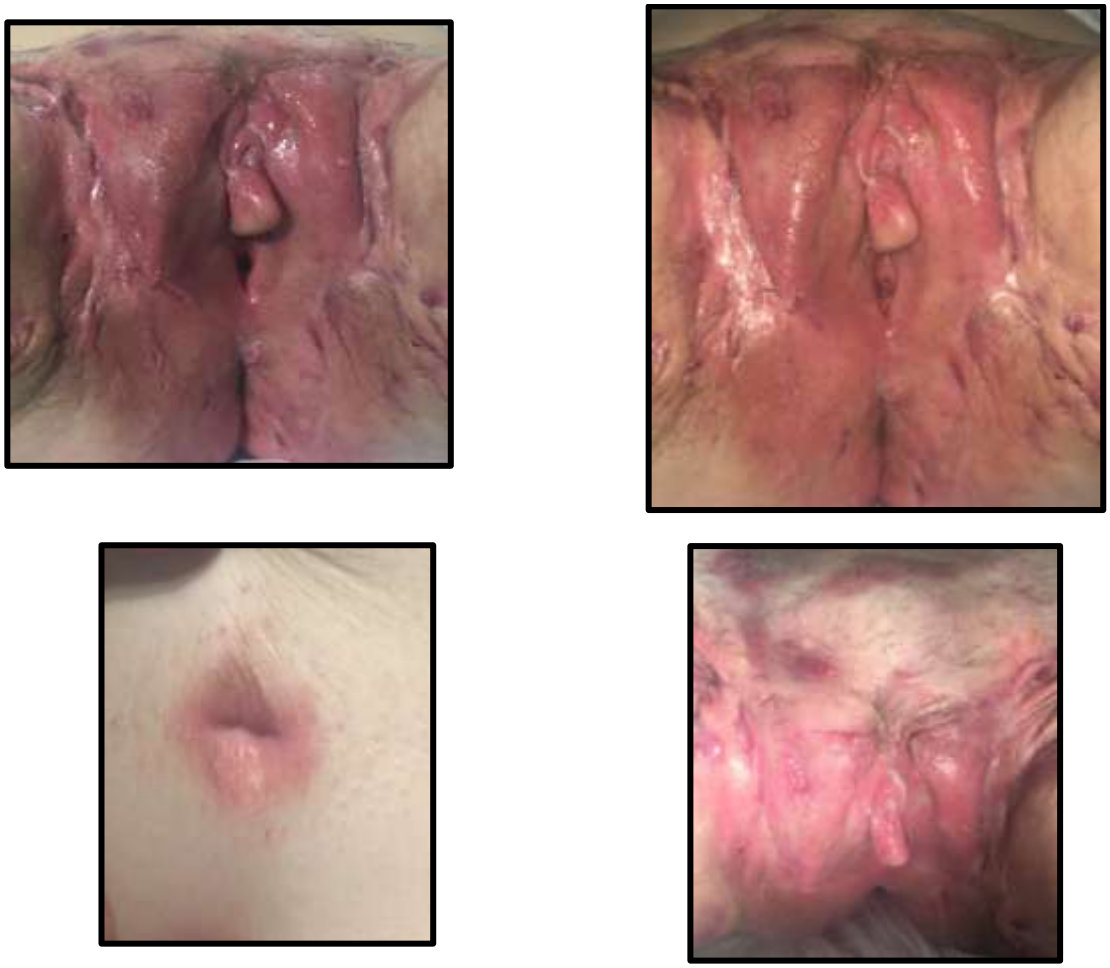
Smoking and obesity are recognized as important risk factors for HS (Revuz et al., 2008). The pathogenies of HS are not completely known. On histological examination of the skin lesions, atrophy of sebaceous glands and lymphocytic infiltration in the skin is noticed. Hyperkeratosis and destruction of the hair follicle in the region are also noticed. The skin lesion may heal with scarring, and sinus tracts can be seen in the affected region of the skin. Interleukin 12, interleukin 23 and TNF-alpha are involved in the pathogenesis of HS. (Micheletti, MD, 2014)

Clinical diagnosis: On physical examination, inflamed or non-inflamed nodular lesion with abscess or sinus tracts can be seen in the skin. The lesions are frequently seen in the axillary, inguinal and anogenital regions. The lesions may occasionally extend to the anus, buttocks, or the breast. The skin lesions are located deeper in the dermis and could lead to secondary lesions like pyogenic granuloma, open sinus tracts, scaring and multiheaded comedones in the skin. Superinfection of lesions with Staphylococcus aureus is also common. (Alikhan, 2016)

There are 3 clinical stages of HS. The main aim for treatment is to stop the progression to stage 3 for as long as possible. Stage 1 is when early symptoms, such as itching or discomfort, may precede the condition's characteristic manifestations. Stage 2 is identified when recurrent abscesses form, with tract and scar formations. Stage 3 is the diffuse involvement or multiple interconnected tracts and abscesses are observed across the entire area. (Alikhan, 2016)

Disease management: Mild form of HS is managed with topical application. Topical application of Clindamycin was found to be effective in some patients. For more profuse and severe lesions, systemic therapy is recommended. Oral antibiotic and anti-inflammatory drugs are prescribed for stage II form of HS. In women, genitofemoral lesions are common in HS. The lesions involve the genitalia, and in severe cases, anti-androgens are used to treat the condition. This was beneficial in reducing the number of lumps, boils, and discharge from the region. (Alikhan, Lynch and Eisen, 2009; Barlev, Eisen and Alikhan, 2016)

In regions were extensive scarring is involved, elective surgery is done to treat the condition. Laser therapy is also used for treating extensive areas of the lesion. A Certain level of uncertainty exists with all treatment. While some patients respond positively to treatment, others may not. Presently, there is no formal guideline on how the condition must be managed. A trial and error approach is used for managing HS. (Margesson and Danby, 2014)



References:-

1. Alikhan, A. (2016). Hidradenitis Suppurativa. *JAMA Dermatol*, 152(6), p.736.
2. Alikhan, A., Lynch, P. and Eisen, D. (2009). Hidradenitis suppurativa: A comprehensive review.*Journal of the American Academy of Dermatology*, 60(4), pp.539-561.
3. Barlev, D., Eisen, D. and Alikhan, A. (2016). *Hidradenitis Suppurativa: A Review with a Focus on Treatment Data*. [online] Skintherapyletter.com. Available at: http://www.skintherapyletter.com/2015/20.4/1.html [Accessed 28 Nov. 2016].
4. Margesson, L. and Danby, F. (2014). Hidradenitis suppurativa. *Best Practice & Research ClinicalObstetrics & Gynaecology*, 28(7), pp.1013-1027.
5. Micheletti, MD, R. (2014). Hidradenitis Suppurativa: Current Views on Epidemiology, Pathogenesis, and Pathophysiology. *Seminars in Cutaneous Medicine and Surgery*, 33(3S), pp.S48-S50.
6. Revuz, J., Canoui-Poitrine, F., Wolkenstein, P., Viallette, C., Gabison, G., Pouget, F., Poli, F., Faye, O., Roujeau, J., Bonnelye, G., Grob, J. and Bastuji-Garin, S. (2008). Prevalence and factors associated with hidradenitis suppurativa: Results from two case-control studies. *Journal of the American Academy of Dermatology*, 59(4), pp.596-601.v.