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### RESEARCH ARTICLE

#### HIDRADENITIS SUPPURATIVA: A RETROSPECTIVE STUDY OF 15 CASES

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#### Abstract

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#### Introduction:-

Hidradenitis suppurativa (HS) is a chronic inflammatory disease of scarring evolution with a major impact on the quality of life. Its diagnosis is often unknown, leading to delayed diagnosis and management difficulties [1]. We have carried out this work through a series of 15 cases in order to study the epidemiological characteristics, clinical features and therapeutic modalities of this disease.

#### Materials and Methods:-

This is a retrospective study of 15 cases collected from January 2005 to December 2019 in the dermatology department of Meknes military hospital. The criteria studied were epidemiological, clinical and therapeutic. Clinical records were reviewed according to a pre-established chart. The statistical data from this review were entered into a Microsoft Excel 2010 file. Patient consent was obtained as well as ethics committee approval.

#### Résultats:-

Over a 14-year period, 15 cases were collected, 12 of which were male, with an average age of 38 years and extremes of 11 and 60 years (Table 1). The mean time to diagnosis was 5 years with extremes of 10 days to 20 years. Smoking was present in 12 patients (80%) while 05 had a body mass index > 25 kg/m<sup>2</sup> (33.3%). Associated pathologies were reported as acne, Down syndrome, pilonidal cyst, diabetes, heart disease, dyslipidemia and eczema (Table 2). The initial lesion appearance at diagnosis was in the majority of cases a painful nodule or abscess. The most common location was axillary followed by inguinal area (Table 3). 46.6% of our patients had a single site involvement and the Hurley score varied between grade 1 and 2 with two grade 3 cases (Table 4).

The biologic workup was performed in search of complications and comorbidities. It revealed the presence of hyperleukocytosis in 3 patients, dyslipidemia in 5 patients, and hyperglycemia in 2 others. Bacteriological samples were taken from 06 patients and were positive for germs of the commensal skin flora. We noted one case of malignant transformation into squamous cell carcinoma.

A medical treatment based on antibiotics was prescribed in all our patients. In only one acute form, a combination of metronidazole, ciprofloxacin and an anti staphylococcal agent was used. Long-term treatment was based on doxycycline 200 mg for 09 patients, a combination of clindamycin and rifampicin was administered in only one case and two patients received retinoid-based treatment. Only one patient had been treated with Methotrexate 15

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mg/week (Table 5). Surgical treatment was performed in 4 patients for severe or drug-resistant forms and for the case with malignant transformation.

The mean duration of progression was 2.45 years with extremes of 6 months to 11 years. Hospitalisation concerned 8 patients with an average stay of 12 days with extremes ranging from 5 to 22 days. Quality of life was impaired in the majority of cases (Table 6).

### **Discussion:-**

In March 2009, the second international symposium organized in San Francisco by the “Hidradenitis Suppurativa Foundation” adopted a consensus definition of HS: “HS is a chronic, inflammatory, recurrent, debilitating, skin follicular disease that usually presents after puberty with painful deep-seated, inflamed lesions in the apocrine gland-bearing areas of the body, most commonly, the axillary, inguinal, and anogenitale regions” [2]. It is a rare condition whose incidence has not been clearly established. Its prevalence varies from 0.05% to 4.10% depending on the series, with a predominance of females reported in the majority of studies, not found in our series due to the military nature of our institution [3]. The average age remains higher than in the literature, which can be explained by the lack of knowledge of the disease among physicians causing a delay in diagnosis.

Several risk factors have been associated with HS: tobacco, obesity, exogenous local irritations (antiperspirant, talcum powder, deodorant). Genetic and hormonal factors have also been implicated [2]. The association with several pathologies was widely described as: metabolic syndrome, axial spondyloarthritis, chronic inflammatory bowel diseases, cardiovascular diseases, sexual disorders, depression and anxiety. Other associations have also been reported such as: acne, pilonidal cyst, Down syndrome, vitiligo, alopecia [2, 4, 5]. Our series confirmed the presence of the majority of reported risk factors and a few cases of associated diseases. Association in a syndromic setting is possible during HS. This is the case with PAPA syndrome (pyoderma gangrenosum, acne, pyogenic arthritis), PASH syndrome (pyoderma gangrenosum, acne, HS) or PAPASH (pyoderma gangrenosum, acne, pyogenic arthritis, HS) [4].

HS most often manifests itself in the form of nodular and painful erythematous lesions, sometimes with discharge, with an average diagnosis time of 8 years, which is in line with the results of our study. The most frequent location in the literature is the axillary region, followed by the inguinal and perineal regions, with an average of two affected areas [2].

The evaluation of the severity of the disease is essentially clinical. Several methods are used, the most commonly used being the Hurley classification. Other methods are increasingly being used with a strong interest in post-treatment surveillance, such as the Sartorius score, the PGA-HS (Physician Global Assessment) or the HiSCR (Hidradenitis Suppurativa Clinical Score) [6].

The spontaneous progression is towards chronicity with iterative relapses causing physical and psychological suffering. Complications such as amyloidosis or squamous cell carcinoma are possible [1]. In our series, one case of malignant transformation into squamous cell carcinoma has been recorded (6.6%), explained by the delay in diagnosis and thus in treatment.

There is currently no consensus on the treatment of HS. The European S1 HS guideline suggests that the disease should be treated based on its individual subjective impact and objective severity. Locally recurring lesions can be treated by surgery or laser, while medical treatment alone or in combination with radical surgery is suggested for widespread lesions. Adjuvant measures such as pain management, treatment of superinfections, weight loss and smoking cessation should be considered [7].

HS is considered among the dermatological diseases with the greatest impact on patient quality. A study of 61 patients with HS showed that the impairment in quality of life was significantly higher ( $p < 0.001$ ) than in patients with neurofibromatosis, urticaria, psoriasis or atopic dermatitis [2]. This was also the finding in our study with a score: DLQI\* > 11 (\*Dermatology Life Quality Index) for more than 73% of our patients.

**Conclusion:-**

HS is characterized by its long evolution which can lead to a real handicap for the patient with a psychological, family and professional impact. New molecules are currently being developed and studied. The recognition of the impact of this disease would make it possible to push research in terms of treatment and to ensure the coverage of the often very expensive costs for patients.

**Conflict of Interest:**

The authors declare no conflict of interest.

**Table 1:-** Distribution of cases according to age groups.

Age groups	cases	Percentage (%)
< 15 ans	02	13,3
15 – 35 ans	04	26,6
35 – 55 ans	06	40
> 55 ans	03	20

**Table 2:-** risk factors and associated diseases.

1	cases	Percentage (%)
Smoking	12	80
BMI * > 25 kg/m <sup>2</sup>	05	33,3
Dyslipidemia	02	13,3
Acne	02	13,3
Trisomy 21	02	13,3
Diabetes	01	6,6
Cardiopathy	01	6,6
Pilonidal cyst	01	6,6
Eczema	02	13,3

\* **BMI: Body Mass Index**

**Table 3:-** Initial lesion appearance at diagnosis and topography of lesions.

		cases	Percentage (%)
Initial lesion	Painful nodule	06	40
	Abscess	06	40
	Fistula	02	13,3
	Ulceration	01	6,6
Topography of lesions	Inguinal	07	46,6
	Perineal	04	26,6
	Axillary	09	60
	scalp	02	13,3
	buttocks	02	13,3
	back	01	6,6
	genital organs	01	6,6

**Table 4:-** Frequency of occurrence by number of affected areas and by Hurley grade.

		Cases	Percentage (%)
Number of areas affected	01	07	46,6
	02	05	33,3
	03	02	13,3
	04	01	6,6
Hurley score	Grade 1	04	26,6
	Grade 2	09	60

	Grade 3	02	13,3
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**Table 5:-** Therapeutic means used in our series.

Therapeutic means		cases	Percentage (%)
Medical treatment			
	Doxycycline 200	09	60
	Isotretinoin	02	13,3
	Clindamycine + Rifampicine (orale)	01	6,6
	Méthotrexate	01	6,6
Surgery		05	33,3

**Table 6:-** Effect of disease on quality of life according to DLQI\* score.

Effects on quality of life (DLQI Score *)	cases	Percentage (%)
None (0 - 1)	01	6,6
Low (2 - 5)	01	6,6
Moderate (6 -10)	02	13,3
Important (11 -20)	03	20
Extremely important (21 - 30)	08	53,3

\* **DLQI : Dermatology Life Quality Index**

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