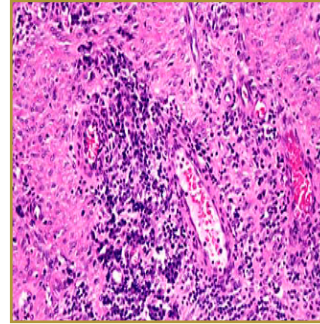




## HIDRADENITIS SUPPURATIVA



**EPIDEMIOLOGY:** Occurs in 1-2% of the population in US

**ETIOLOGY:** Oil glands and hair follicle openings become blocked

**PATHOGENESIS:** Tends to start after puberty, persist for years and worsen over time

**CLINICAL:** Multiple red, hard, raised nodules in areas where apocrine glands are concentrated.

**HISTOLOGY:** Spongiform inflammatory changes of the infundibulum

**HIDRADENITIS SUPPURATIVA** is a chronic skin inflammation characterized by blackheads and one or more red, tender bumps (lesions). These lesions tend to enlarge, break open and drain pus. The area where the lesion was located may scar. The disease is a chronic acneiform infection of the cutaneous apocrine glands; it can also involve adjacent subcutaneous tissue and fascia. Hidradenitis suppurativa develops when blockage occurs of the oil glands and the hair follicles. Therefore, it is actually a disorder of the terminal follicular epithelium located in the apocrine gland-bearing skin areas, which may better be termed as acne inversa. A helpful long-term basis medication is Tetracycline and erythromycin. Cephalosporins often will help in acute cellulitis. An emergency department as a short-term basis medication gives Dicloxacillin. However, consideration must be given to using a sulfonamide or clindamycin antibiotic because of the growing presence of methicillin-resistant *Staphylococcus aureus* (MRSA) for both short-term and long-term treatment. Other helpful treatments include topical products, topical and intralesional injections of corticosteroid, topical clindamycin cream, systemic retinoid, and hormonal manipulation.

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