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ACNE INVERSA (HURLEY CLINICAL STAGE II): CASE REPORT

ACNE INVERSA (HURLEY - ZAAWANSOWANIE KLINICZNE II'): OPIS PRZYPADKU

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Our Dermatol Online. 2011; 2(4): 215-216 Date of submission: 10.06.2011 / acceptance: 28.07.2011
Conflicts of interest: None

Abstract
We present a case of acne inversa Hurley clinical stage II, to a 28 year-old patient non-obese, smoker, with a long history of firm nodules, large abscesses and sinous tracts, small scars, distributed in the axillary, groin, perianal and infraumbilical areas, associated with lesions on the face. Any therapeutic schemas (antibiotics, Isotretinoin orally, Dapsone, UVB,cryotherapy) was unsuccesfully and we sent the patient to Surgery Department for wide excisions.

Streszczenie
Prezentujemy przypadek trądziku odwróconego w II etapie zaawansowania klinicznego Hurley, u 28-letniego pacjenta bez otyłości, palącego papierosy, z długą historią guzków, dużych ropni, przetok, małych blizn, zlokalizowanych w dołach pachowych, w pachwinach, w okolicy odbytu i w obszarach poniżej pępka, związane ze zmianami na twarzy. Wszelkie schematy terapeutyczne (antybiotyki, izotretynoina doustna, dapson, UVB, krioterapia) był nieskuteczne, w związku z tym wysłaliśmy pacjenta do Oddziału Chirurgii celem opracowania chirurgicznego.

Key words: acne inversa; Isotretinoin; Dapsone; UVB; surgery
Słowa klucze: trądzik odwrócony; Isotretinoina; Dapson, UVB; chirurgia

Introduction

Hidradenitis suppurativa (from the Greek hidros = sweat and aden = glands) is a chronic follicular occlusive disease involving the intertriginous skin of the axillary, groin, perianal, and inframammary regions.

Author	Year	Name of the disease
Velpeau - surgeon from Paris	1839	first description: axillaray, submamary and perianal abcesses
Verneuil -Paris	1854	first name: hidrosadenite phlegmoneuse first pathogenic mechanism: inflamation of sweat glands
Schiefferdecker	1922	association acne-appocrine sweat glands
Pilsburry	1956	acne triad: hidradenitis suppurativa+acne conglobata+perifolliculitis capitis abscendens et suffodiens and the cause: follicular oclusion
Plewig-Kligman	1975	acne tetrad: acne triad+pilonidal sinous
Plewig-Steger	1989	introduced the term: **acne inversa** (term accepted today all the world)
Recent studies	2000	genetic disease?

Table 1. History of the disease

Acne inversa has a typical clinical picture: cutaneous and subcutaneous nodular nflammation, fistulae with malodorous secretion and scaring. It affects men and women, with an incidence between 1-4 %, with a peak in the second and third decade of life, with unknown pathogenesis but with well documented trigger factors: smoking (unclear mechanism), obesity (by maceration and occlusion in the body folds through follicular hyperkeratosis), positive family history and lately genetic backgrounds.

Acne inversa is today regarded as an inflammatory disease of terminal hair follicules and not a disease of appocrine glands [1] that can explain the influence of androgens in the course of the disease, its absence before puberty and some therapeutic results with anti-androgen, although the hormonal levels in all patients are within normal limits [2].

Case report and Conclusion

A 28 year-old patient non-obese, smoker, presented in our department, with a long history of firm nodules, large abscesses and sinous tracts, small scars, distributed in the axillary, groin, perianal and infraumbilical areas, associated with lesions on the face. No fever, but pains and pruritus and an important impairment of the quality of life (Fig.1,2).

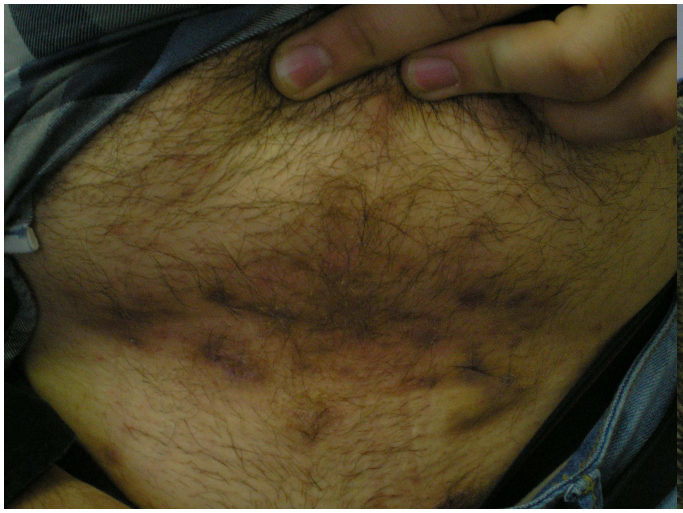

Figure 1. Lesions under ombilicus

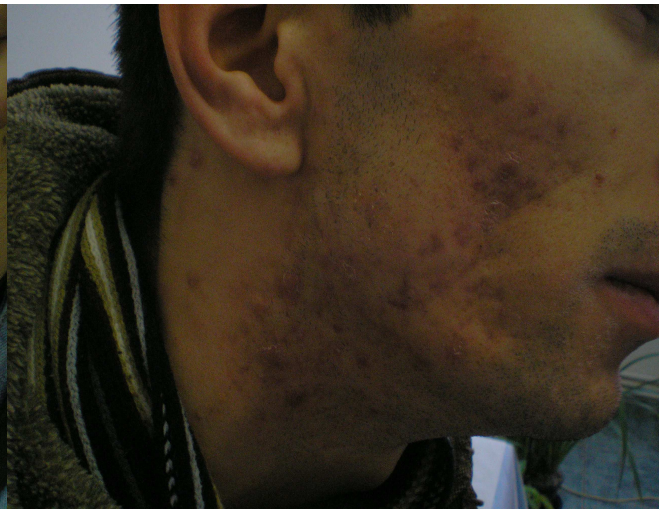

Figure 2. Lesions on the face

All the lab parameters were within normal limits, including androgen level.

Based on clinical aspects: (recurrent abscesses with tract formation and cicatrisation, multiple widely separated lesions with bilateral distribution on specific areas) and on chronicity of the lesions, we established the diagnosis of acne inversa Hurley clinical stage II.

We started immediatly Isotretinoin 20 mg/day increased after 2 months to 40 mg/day with a slight positive evolution in the first weeks of treatment, but with an agressive relapse 3 months later, we stopped the medication after 10 months.

Based on the cultures performed from the axillary and anogenital regions which found Staphylococcus aureus, we introduced antibiotic therapy: Azythromycine, Ciprofloxacine and Oxacilline, but with no improvement.

The next step was the treatment with Dapsone 50 mg/day ,which was also discontinued after two months, for the absence of any therapeutical answer.

Strictly on the lesions, on small areas, we performed cryotherapy interrupted because of pains and later UVB 311 nm with no results.

So we are in front of a patient with a long history of acne inversa, not responding to treatment after one year of trying different therapeutical approaches.

Patient refused any other conservative therapy (such as TNF alfa antagonists or Methotrexat) and decided to accept the surgical treatment: wide excision of lesions in healthy tissue (lateral and deep safety margins). We sent him to the Surgery Department.

The particularity of this case was our fail of therapy and finally the decision to send the patient to Surgery.

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Our Dermatol Online. 2011; 2(4): 217 Date of submission: 05.09.2011 / acceptance: 05.09.2011
Conflicts of interest: None

Acne inversa also known as hidradenitis suppurativa is a chronic disease with great burden for patients. There has been much debate about terms and contents. From the histopathologic point of view, hidradenitis is a misnomer but as with other misnomers in medicine it is still in use.
Although smoking and obesity are major known risk factors, stopping smoking after onset of disease does not alter the course so much. Treatment can be a challenge. Drug therapy often does not make a point. Only in early stages there is a temporary release. The more advanced the disease the greater the need for surgery. This has been very nicely shown by the contribution of Anca Chiriac et al. from Romania, who tried to cope with the disease by a broad armentarium of drugs and procedures.

The paper also demonstrates that dermatologic surgery needs to be more developed in Europe. If we as dermatologists want to deal with the more severe dermatoses we have to establish a curriculum in dermatologic surgery. There is a number of very succesfull societies world wide like the American Society for Dermatologic Surgery, the British Society for Dermatologic Surgery, the Indian Society for Dermatologic Surgery or the Polish Society for Dermatologic Surgery just to name a few.
It would be an interesting idea to develop some standards for education and procedures in Europe.

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