Abstract: In this study, twenty cases of severe hidradenitis suppurativa are reported, mainly in non-white people and in axillary areas. Wide surgical excision has offered good results, although relapses have occurred at variable intervals in the follow-up period.

Keywords: Diagnosis; Hidradenitis suppurativa; Pathology; Radiotherapy; Surgical procedures, operative

All cases were biopsied and showed a chronic suppurative inflammatory pattern, as well as epithelioid cell granulomas and foreign-body giant cells.

The reason for admission was a formal surgical indication in all cases due to gravity, long duration of the disease (from months to 20 years), clinical status, degree of skin involvement, complications of the disease, and clinical treatment failure (topical and systemic antibiotics, intralesional corticoids, oral isotretinoin). Surgery consisted of excision of the affected area and repair with grafts and skin flaps.

Routinely, 14 days before surgery, patients were administered oral prednisone at a dose of 40mg/day (without weaning later), enabling the surgeon to better handle the injuries by reducing the inflammatory component. Although there was visible improvement.
in quality of life, all patients relapsed at varying intervals (1-2 years).

In a patient with dilated cardiomyopathy, for whom extensive surgery was contraindicated (buttocks and inner thighs), radiation therapy successfully controlled the disease. In an HIV-positive patient, surgery (inguinal, perineal, and gluteal areas) was rejected. Radiotherapy was initiated as an alternative therapy, but in the eighth session the patient progressed to a genital herpes infection. Radiotherapy was stopped and acyclovir was started.

It was considered an appropriate option, since biological therapy showed minimal evidence of clinically significant efficacy.

The efficacy of radiotherapy in the treatment of hidradenitis suppurativa has been evaluated in 231 patients, with total doses between 3.0 and 8.0 Gy. In chronic and recurrent cases, two or more series with a total dose of 10.0 Gy were administered. In 40 percent of cases, there was improvement of symptoms; in 38 percent of cases, there was complete relief of symptoms. Only two patients did not respond to therapy.

The conclusions of the present study are: (1) clinical treatment in the early stages of the disease produces transient results; (2) the radical excision of tissues, including the apocrine glands, is the definitive treatment, and (3) in cases of long evolution, surgical treatment does not prevent recurrence.

REFERENCES
1. Reyuz J. Hidradenitis suppurativa. J Eur Acad Dermatol Venereol. 2009;23:985-98.
2. Slade DE, Powell BW, Mortimer PS. Hidradenitis suppurativa: pathogenesis and management. Br J Plast Surg. 2003;56:451-61.
3. Sehgal VN, Verma P, Sawant S, Paul M. Contemporary surgical treatment of hidradenitis suppurativa (HS) with a focus on the use of the diode hair laser in a case. J Cosmet Laser Ther. 2011;13:180-90.
4. Menderes A, Sunay O, Vayvada H, Yilmaz M. Surgical management of hidradenitis suppurativa. Int J Med Sci. 2010;7:240-7.
5. Pirone D, Caruso F, Panarese A, Venditti M, Mascagni D, Moraldi L, et al. Chronic hidradenitis suppurativa in the inguinal, perineal and scrotal regions. A case report and review of the literature. Ann Ital Chir. 2010;91:465-70.
6. Frohlich D, Baaske D, Glatzel M. Radiotherapy of hidradenitis suppurativa—still valid today? Strahlenther Onkol. 2000;176:286-9.
7. Obadia DL, Daxbacher EL, Jeunon T, Gripp AC. Hidradenitis suppurativa treated with infliximab. An Bras Dermatol. 2009;84:695-7.
8. Lee RA, Dommasch E, Treat J, Sciacca-Kirby J, Chachkin S, Williams J, et al. A prospective clinical trial of open-label etanercept for the treatment of hidradenitis suppurativa. J Am Acad Dermatol. 2009;60:565-73.

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