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Hidradenitis is a chronic disease of the apocrine glands (a form of sweat gland found on certain parts of the body). For unknown reasons, people with hidradenitis develop plugging or clogging of their apocrine glands. It causes chronic scarring and pus formation of the underarms (axilla) and groin/inner thigh areas. In women it can also occur under the breasts. It is similar to acne, which is also a disease of the sebaceous glands. Hidradenitis is more common in people who have had acne. It may be an unusual type of adult acne.

This condition is slightly more common in women and African-Americans. Hidradenitis usually starts as one or more red, tender, swellings in the groin or armpits. Over a period of hours to days the lesions enlarge and often open to the skin surface draining clear to yellow fluid. The involved area then heals with scarring. The condition usually continues for years with periods of flare and remission.

Bacterial infection produces the pain and odor. Hidradenitis is made worse by being overweight, however this condition is not caused by obesity and weight loss will improve but not cure hidradenitis. Hidradenitis may become worse under stress. Hidradenitis is not caused by poor hygiene.

Initial treatments are usually oral antibiotics (minocycline, tetracycline, erythromycin, Augmentin, others) and topical antibiotics (clindamycin or erythromycin). Intralesional injections into the affected places reduce swelling and tenderness within days. Anti-inflammatory pills (Celebrex, Advil, Naprosyn, Alleve, and others) are helpful in addition to the antibiotics, especially if it is a severe case. Some women respond to high estrogen birth control pills (Demulen 1/50 Ortho Novum 1/50) and spironolactone pills.

Tight fitting clothing and shaving the areas are to be strictly avoided. Dirt does not cause hidradenitis. The involved areas should be cleaned daily using an antibacterial soap, as this will reduce any odor associated with this condition. Retin-A cream, a prescription, helps some people. **Accutane**, a drug for severe acne, offers modest help for moderately bad cases. There is medical control, but not cure for hidradenitis.

In 2015 the FDA approved **adalimumab** (Humira) for the treatment of moderate to severe hidradenitis suppurativa. Adalimumab is a biologic type of drug which modulates the immune system in controlling inflammation. This medication was studied in over 600 adult patients and was proven in many patients to reduce the total number of inflammatory nodules and abscesses by at least half in just three months.

Surgery is the most effective treatment for recalcitrant hidradenitis. Aggressive surgery will cure an area of severe, chronic hidradenitis but it has to remove scarred tissue or even large areas of skin. Skin grafts may be needed. Incision (lancing) and draining will reliably help smaller affected areas. Because surgery scars and may have complications, medical treatments are usually tried first.

This information has been provided to you compliments of the American Osteopathic College of Dermatology and your physician.