

Low recurrence rate after wide margin excision and secondary healing of acne inversa (hidradenitis suppurativa)

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Acne inversa (AI) is a painful, recurrent inflammatory disease of the hair follicles in inverse regions of the skin. AI presents with nodules, abscesses, fistulas, sinus tracts and scarring. Wide margin excision (WME) is still the gold standard of treatment for severe AI. Our aim was to evaluate the recurrence rate of AI treated by WME and secondary healing. 44 WME were performed under local or tumescent local anesthesia on 22 patients with AI Hurley Stage II and III disease. Treatment outcome was determined after 3 years of postoperative observation. Postoperative local recurrence of AI were detected within ≤ 1 cm around the operated area in 2/44 (4,5%) excision sites in 2 female patients in the genitoanal region. One female patient was treated with systemic antibiotic and topical antiseptics which lead to remission. The other female patient was started on Adalimumab 40 mg weekly with clinical deterioration after 17 months. Treatment was continued with Metronidazole (500 mg bid with reduction to 250 mg sid), Colchicine (0.5 mg bid with reduction to 0.5 mg sid) and Ketotifen (1 mg bid) for 4 months and remission was achieved. AI is difficult to manage, especially in severe stages. At three-year follow-up 42/44 (95,5%) excision sites reached full clinical remission after WME and secondary healing. This remission rate of 96% seems to be superior to any other treatment option for advanced HS.