Perianal Hidradenitis Suppurativa

The Lahey Clinic Experience

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Perianal hidradenitis suppurativa, a chronic recurrent inflammatory disease of apocrine glands, adjacent anal canal skin, and soft tissues, is characteristically ignored and misdiagnosed. A retrospective analysis of 43 patients with perianal hidradenitis suppurativa was performed; 40 patients (93 percent) were male and 3 (7 percent) were female, with a median age at presentation of 29 years. Symptoms, including pain, swelling, purulent discharge, and pruritus, had been present for a median of six years. Diagnoses at the time of presentation included pilonidal disease (28 percent), anal fistula (37 percent), and perirectal abscess (16 percent). Associated medical conditions included diabetes (12 percent) and obesity (12 percent), and 70 percent of the patients were smokers. Once the correct diagnosis was established, 72 percent of patients had wide local excision with healing by secondary intention, and 28 percent of patients had incision and drainage or limited local excision. Although 67 percent of the patients had recurrence of disease after initial treatment, wide excision was more successful in preventing recurrence. Skin grafting failed uniformly, and colostomy was rarely necessary. Despite its relatively common occurrence, perianal hidradenitis suppurativa is infrequently diagnosed correctly and recurs in many patients despite appropriate surgical treatment, making the disease a source of frustration for surgeon and patient alike. [Key words: Apocrine glands; Perianal hidradenitis suppurativa]
quate treatment. We present a series of patients with PHS to identify the clinical characteristics, review the common symptoms, and discuss the principles of surgical treatment.

Materials and Methods

A retrospective review of 43 patients with PHS treated at the Lahey Clinic Medical Center between March 1962 and December 1987 was performed. All patients were treated by one of six surgeons; follow-up results were assessed at the last documented outpatient visit. Diagnosis was confirmed by pathological examination of affected tissue. Assessment of recurrence and flare-up was based on symptoms and clinical signs at the time of follow-up examinations.

Results

Forty-three patients were treated for PHS, including 40 males and 3 females; all patients were white. The median age at presentation was 29 years (range, 12 to 68 years). Symptoms (Table 1) had been present for a median of six years before the correct diagnosis was made. At presentation, 81 percent (35 patients) had a diagnosis other than PHS, including anal fistula, pilonidal disease, and perirectal abscess (Table 2). Concomitant medical conditions included cigarette smoking, diabetes mellitus, acne, and obesity (Table 3). Two patients had Crohn's disease involving the small bowel but neither had histologic evidence of anal Crohn's disease. No patient had a malignant tumor.

All patients were treated surgically with one of four techniques (Table 4). Thirty-one patients underwent wide local excision of affected skin and subcutaneous tissue down to normal fascia or fat with subsequent healing by secondary intention; in two of these patients, a split thickness skin graft was subsequently performed. Six patients underwent incision and drainage only, and four patients underwent local unroofing of the affected subcutaneous fistula, leaving the base of the area behind for subsequent healing by secondary intention. Two patients underwent diverting colostomy with wide local excision of the area.

Patients were followed for a median of 10 months (range, 2 months to 8 years). Six patients were lost to follow-up. The median time required for adequate healing of wounds was 3 months (range, 2 to 12 months).

Additional hidradenitis-related problems developed in 29 patients. Nine patients had a recurrence of PHS in the surgical site, 12 patients had episodes of PHS in the perianal region in a site separate from the initial surgical site, and 8 patients had a flare-up of hidradenitis elsewhere, including the axilla and groin (Table 5). Recurrences occurred at a median of 3 months after surgical treatment (range, 3 weeks to 15 years). Of the patients experiencing a recurrence or flare-up in the perianal area, 10 patients (48 percent) had a single episode whereas 11 patients (52 percent) had two, three, or more episodes (Table 6). All of the patients who had a single recurrence in the operative site were treated with wide local excision; in all patients, the new wounds healed within 10 months of the secondary procedure. Patients who had a flare-up in a different perianal area were also treated with