Hidradenitis Suppurativa of the Perineum: Report of a Case*

WILLIAM M. COCKE, JR., M.D.**
Lackland Air Force Base, Texas

HIDRADENITIS SUPPURATIVA is a chronic recurrent suppurative infection of the apocrine sweat glands. These glands may be situated in the auditory canal, eyelid, axilla, areola of the mammary gland, periumbilical, perianal or genital areas. Velpeau first described superficial infections which involved the axillary, mammary and perianal regions. Verneuill suggested that they might arise from the sweat glands and described the condition which is now recognized as hidradenitis suppurativa.

Hidradenitis suppurativa, which usually begins as an acute apocrinitis, is believed to be secondary to contact dermatitis caused by use of deodorants and depilatories, or due to mechanical irritation or retrograde lymphadenitis. In most cases, apocrinitis responds well to conservative management. Occasionally, local apocrinitis will progress to hidradenitis suppurativa. Its onset is heralded by pain and inflamed and indurated tissues, with or without abscess formation. The acute phase often regresses after conservative surgical management such as incision and drainage, sitz baths, warm soaks, and administration of antibiotic agents. In some patients this will progress and involve not only skin and subcutaneous tissue, but also fascia, muscle, and regional lymphatics. This, in turn, can progress to tissue breakdown, resulting in innumerable interconnecting sinus tracts discharging foul, purulent material continuously from multiple openings in the skin of the area involved. This report concerns involvement of the buttocks, perianal and inguinal regions. In such extreme

* Received for publication February 8, 1967.
** Formerly chief resident, Department of Plastic Surgery, Bronx Veterans Administration Hospital, Bronx, New York.
cases, a thorough surgical operation is necessary to eradicate the disease.

Twenty-one cases of perineal hidradenitis were treated on the plastic surgical service at the Bronx Veterans Administration Hospital from 1956 to 1966. Seven required radical surgical ablation of the disease. This case report describes the surgical technic used and reveals how perineal hidradenitis suppurativa can mimic anal fistula.

Report of a Case

A 34-year-old Negro man was first admitted to the hospital in May 1964 with a two-year history of draining lesions of the perianal region. With this exception, the past history, family history and review of systems were normal.

Physical examination revealed multiple draining sinuses involving the perianal region. Roentgenologic study after a barium enema and proctoscopy disclosed no abnormalities. No internal openings were discovered. A diagnosis of anal fistula was made. Fistulectomy was performed. The tract was said to be situated at the "two o'clock position." The wounds did not heal.

The patient was readmitted to the hospital in February 1966 with new and multiple sinus tracts, which now involved the scrotum, groin and perianal region (Fig. 1). Results of urinalysis, hemogram, blood studies, chest x-ray and x-ray of the colon after barium enema were normal. The Frei test was negative. Proctoscopy was normal. Staphylococcus epidermis, diptheroids, beta streptococcus and gamma streptococcus were cultured from the discharges. A diagnosis of hidradenitis suppurativa was made.

Administration of cleansing enemas, liquid diet and paregoric was begun three days before surgery. On April 19, 1966, the diseased tissue was removed and the wound was covered with split-thickness skin grafts (Fig. 2, 3). The bolus dressing, which is used to prevent slipping of the skin grafts, was removed on the first postoperative day to facilitate wound care (Fig. 4). Liquid diet, paregoric and Foley catheter bladder drainage were continued 14 days postoperatively. The patient was immobilized in a form-fitted plaster trunk and lower extremity splint for two weeks (Fig. 5).