HIDRADENITIS SUPPURATIVA
ITS CONFUSION WITH PILONIDAL DISEASE AND ANAL FISTULA
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HIDRADENITIS suppurativa is a chronic inflammatory disease of the skin and subcutaneous tissue affecting those portions of the cutaneous surface of the body in which the apocrine sweat glands are located, namely, the axillary, mammary, inguinal, genital and perianal regions.

The disease is much more common than is generally appreciated. In the past it has frequently been obscured under such names as "abscess" or "furunculosis of the axillae or buttocks," "pyoderma," "fistulous disease of the buttocks" and "non-specific granuloma."

It is chiefly a disease of adults. Although the axillae are most commonly affected, any of the aforementioned sites of predilection, singly or in combination, may be involved. The condition usually affects well nourished robust persons who have an oily skin and acne diathesis.

In the early stage of hidradenitis suppurativa the lesion appears as a furuncle, usually axillary. Histologically, at this stage the apocrine sweat glands reveal primary involvement in an inflammatory reaction. The process may spread by means of the lymphatic channels and tissue spaces through the skin and subcutaneous tissue to a chronic stage, associated with draining sinuses, ulceration and undermining. Also in evidence is an attempt at healing as manifested by the thickened bands of scarring, granulation and relatively little cellular infiltration.

There is a predilection of the disease for certain regions of the body by an inflammatory reaction involving the apocrine glands. The apocrine glands, as distinguished from the eccrine sweat glands, are an adult structure activated at the time of puberty. In lower forms the apocrine gland operates as a scent gland of sexual function. These glands are not secretory like the eccrine glands and are frequently found to contain a cheesy material formed by the degeneration of the contents of the gland. Plugging of the ducts and subsequent infection produce the initial lesion which may progress to a chronic phase.

CONFUSION WITH PILONIDAL CYSTS AND ANAL FISTULAS

As a disease entity hidradenitis suppurativa has failed to receive its proper recognition in the current literature. It is not uncommonly confused with pilonidal disease and anal fistula while the converse is also true. (Figs. 1 and 2.) It is our opinion that this fact, in part at least, explains some of the so-called recurrent pilonidal cysts as well as recurrent anal fistulas. Although the perianal or the lower mid-sacrococcygeal region may be involved alone, there is usually axillary evidence of the condition either past or present. It may be necessary to ask the patient a direct question as to axillary involvement since the process in that region may have been quiescent for years.

The diagnosis of perianal manifestations of hidradenitis suppurativa is usually not difficult if the disease is thought of in cases of what appears to be extensive anal fistula or pilonidal disease with many sinuses. An examination with the patient under anesthesia may be necessary to enable one to make a differential diagnosis.

* From the Section on Proctology, Mayo Clinic, Rochester, Minn.
between pilonidal cyst disease or anal fistula on the one hand and hidradenitis suppurativa on the other.

STUDY OF 388 PATIENTS

Supporting the statement that hidradenitis suppurativa is much more common than is generally appreciated is the fact that in an eight-year period, from January 1, 1940 through December 31, 1947, the condition was diagnosed at the Mayo Clinic in 388 patients, 197 of whom were female and 191 male, or about an equal sex distribution.

The reason that the aforementioned eight-year period was chosen is that prior to 1939, in which year Brunsting's article appeared, there was much confusion in the terminology used and consequently the records will show many different diagnoses in labeling this disease.

In this group of 388 patients the axilla was the most common site of involvement; that is, one or both axillae were involved, alone, or in combination with other sites in 278 patients (72 per cent of the total group of 388 patients). In this group of 278 patients the axilla or axillae were involved alone in 187 instances.

The mammary area was involved alone or in combination with other sites in thirty-two patients (8 per cent of the total group). The oldest patient was a woman aged sixty-nine years who had hidradenitis suppurativa in subcutaneous tissue under the breasts and also Schimmel-
Busch's disease in the mammary glands. Perhaps this chronic cystic mastitis of the Schimmelbusch type could be considered a deep-seated hidradenitis. At least the apocrine glands are involved initially in both diseases.

The groin was involved alone or with other sites in ninety-two patients and the back of the neck in forty-four patients.

The second most common site of involvement was the perianal region. This was the site in 125 patients (32 per cent of the total group) of whom seventy-nine were male and forty-six were female. In more than two-thirds of these (eighty-four patients) there was co-existing single or bilateral axillary involvement. The remaining forty-one patients had perianal involvement of the disease alone or with scrotal or labial involvement. It is with this group that our study is particularly concerned. In most of this group of forty-one patients in whom the perianal area alone was involved the diagnosis was quite apparent after the history and examination but in four instances the diagnosis proved to be an extensive fistula in ano after examination at the time of operation when the patient was anesthetized. Several other patients gave a history of having undergone an unsuccessful operation for a pilonidal cyst or an anal fistula which actually proved to be hidradenitis suppurativa instead of the disease for which operation had been performed.

**TREATMENT**

When the disease is far advanced and fails to respond to conservative measures such as roentgen therapy, the involved perianal regions are excised en bloc. (Fig. 3.) The excision should include all of the fibrous or inflamed portions of the subcutaneous fat and connective tissue. All sinuses and epithelial skin bridges should be explored and excised. Extensive denuded areas may require skin grafting.

**COMMENT**

Most patients who have perianal hidradenitis suppurativa will have co-existing involvement of other sites of predilection, usually axillary. When the condition affects the perianal area alone as it did in forty-one cases (11 per cent of the group studied), the differential diagnosis should include fistula in ano as well as pilonidal cyst disease.

At least some of the cases of so-called recurrent pilonidal cysts or anal fistulas are actually cases of recurrent or new areas of involvement with hidradenitis suppurativa.

**REFERENCE**