PLASTIC TREATMENT OF HIDRADENITIS SUPPURATIVA
OF THE BUTTOCK

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HIDRADENITIS suppurativa, also called acne conglobata, is a chronic inflammatory disease involving the skin and subcutaneous tissue. When the disease is located around the anus, it is also called perianal pyoderma. Concerning this entity Bruns-ting states that it "is characterized by the formation of abscesses and sinuses in selected regions of the cutaneous surface in which the apocrine type of sweat glands is situated. The favorite sites of involvement are the axillary, mammary, inguinal, genital and perianal regions."

"The course is extremely chronic and frequent remissions and relapses occur. The essential histological features include primary involvement of the apocrine sweat glands and dissemination of the disease throughout the subcutaneous tissue by means of the lymph channels."

This disease is not very common and is frequently confused with multiple anal fistulas, pilonidal fistulas and other inflammatory conditions. It affects young adults especially, but it can be found in aged people.

Treatment is essentially surgical. In the early stages, with a simple incision and drainage of the abscesses, a cure is obtained. In the chronic stages radical surgery is indicated with a wide excision en bloc of all involved areas, and skin grafting. Presented herein is a new and economical plastic treatment of this disease, when it affects the buttocks and it is necessary to remove a great quantity of tissue.

CASE REPORT

In January, 1950, a thirty year old man, was admitted. His buttocks, perianal and genital regions were involved by infection with multiple fistulas. The case reminded me of the picture seen on page 164 of Dr. Bacon's book.

After a careful examination of the patient a diagnosis of hidradenitis suppurativa was made but there was confusion as to the appropriate treatment for this extensive infection, and how to replace all the tissues excised. Dr. Alberto Borges, from the Department of Plastic Surgery, was called in consultation.

Considering that a thin Thiersch graft is often effective in clean, though not aseptic wounds, and that nothing would be lost if we failed in trying to graft the wasted skin, which is usually discarded after excision of the involved area anyway, we decided to apply this procedure. The results were very satisfactory.

The following technic was employed: First we excised, with the aid of the Padgett-Hood dermatome, a strip of skin of split thickness from the involved area; then the lesion was excised en bloc and finally we grafted the skin we had taken on the healthy fascia covering the muscles of the region. During the excision of the skin with the dermatome pus could be seen flowing freely from the multiple sinuses. It was not easy to remove the skin due to the induration present, but whatever could be
Fig. 2. Case II. A, infected skin graft with drainage of the sinuses. B, final result after the grafts have taken.
Fig. 3. Case III. A, before treatment; B, final result after treatment.
A few weeks later it was decided to carry out the same treatment on the other buttock and incisions were made in those portions of the skin which were not easy to remove with the dermatome, to drain the sinuses around the skin graft.

A month later we applied the same procedure in the perineum with an equally satisfactory result. (Fig. 1.)

COMMENTS

After this case we employed the same treatment on three other patients with hidradenitis of the buttock, with the same beneficial results. (Figs. 2 to 5.)

Of these cases one (Fig. 4) has been examined a year later and the patient is completely cured, with a sufficient amount of skin to permit freedom of movement without discomfort.

In one of the cases there was an extension of the infection to a portion of the external side of the buttock, the skin of which could not be removed was later used as a graft. Due to the extent of the process we first operated on the right buttock.

We were surprised how this graft of the “wasted skin” prospered although it was surrounded by pus exuding from the other sinuses around the tissues excised.

Every two days the graft was inspected. It sometimes was covered by pus but continued in good condition, until finally, we were astonished by the good results.

removed with the dermatome. This skin was cyanotic and was entirely separated from the sinuses beneath it in an area of 2 square inches. We made an incision down the middle, from the limit of the infection in the buttock, removed with scissors the subcutaneous tissues of the skin flaps and scraped the sinuses. The incision was sutured perpendicularly to the vertical border of the skin graft. We expected to lose these flaps and were greatly astonished at the fine outcome.

American Journal of Surgery
In certain instances we either used the method of incisions or *en bloc* when it was not possible to remove the skin with the dermatome. In all of the cases preoperative treatment with penicillin was given to reduce the discharge, and we continued its use for a week postoperatively.

In one case there was also an anal fistula.

The foregoing treatment is applied in cases in which there is very extensive involvement of the buttocks by hidradenitis suppurativa and it is necessary to remove quite an amount of skin.

REFERENCES

