To the Editor,

A 19-year old girl presented with painful recurrent abscesses in axillae and perineal region of 1 year duration. The abscess used to rupture and drain, resulting in healed sinus and scar formation. Routine investigations were normal. FNA showed dense suppurative inflammation with macrophages, a few squamous and apocrine cells. Gram stain showed positive tiny cocci in chains. Culture yielded anaerobic peptostreptococcus. Thus the cytological diagnosis of hidradenitis suppurativa was made.

Hidradenitis suppurativa is a chronic recurrent painful suppurative and cicatricial disease. The sites of occurrence are axilla, groin, anogenital areas, periumbilical and areola. These lesions begin after puberty and are more common in women than men. Leach et al, in their study of 52 patients with axillary abscesses, isolated Staphylococcus aureus from 34, anaerobic bacteria from 12, skin flora from 5, while in one case the pus was sterile.[1] It is necessary to isolate and culture anaerobes from axillary hidradenitis since 25 % of the cases were anaerobic in this study.[1] The present case was treated with ampicillin and metronidazole and showed good response.
References