Fasciocutaneous Flap to Treat Verneuil Disease (Hidradenitis Suppurativa) in the Axillary Region

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It was with great interest we read the article Experience With Surgical Treatment of Hidradenitis Suppurativa, by Tanaka et al (Ann Plast Surg 2001;47:636-642). We appreciate the results of the authors; however, we invite the reader to share our experience in the management of this pathologic condition, especially concerning the axillary region. The uncertainty about the physiopathologic features made it difficult to identify the correct guidelines in its management. Nevertheless, some data have been acquired. The disease mostly prevails in women, and the tendency of patients to be overweight has been described in the literature. It also has been found that cigarette smoking is considered a triggering factor. The axilla is the most commonly involved area. Usually, the medical treatment, consisting of long-lasting antibiotic therapy, possibly confirmed by an antibiogram, is reserved only for small or medium...
lesions. In the case of large or recurrent lesions, we prefer surgical treatment. When localized in the axillary region, we are not of the same opinion as Tanaka et al when considering skin grafts or musculocutaneous flaps as the alternative to direct closure. A wide excision has to be performed. Then, if a direct closure is not achievable, we prefer to use local or fasciocutaneous flaps. We do not favor skin grafts in the axillary region because of a higher risk for recurrence, as described by Tanaka et al, and also because of possible scarring retraction. We prefer fasciocutaneous flaps to musculocutaneous ones because of the less bulky aspect in association with minor morbidity of the donor site (Fig 1). The usefulness of the musculocutaneous flap in managing the suppurativa wound is described, but we consider a wide excision to be more effective in preventing recurrence. We agree with the authors that a musculocutaneous flap is more resistant than a skin graft in case of recurrence. However, we have encountered no significant difference between musculocutaneous flaps and fasciocutaneous ones in preventing recurrence. The parascapular flap allows the coverage of large areas in the axillary region with direct closure of the donor site; in addition, its vascular pedicle is reliable and it is more distant from one of the latissimus dorsi from the site of infection. This is our preferred procedure in treatment of large hidradenitis suppurativa of the axillary region.

Figure. Postoperative view of right axilla defect covered with a pedicle parascapular flap.

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