

Hidradenitis Suppurativa: Another Treatment Option

Denise Knight, P.T., Tere Sigler, P.T., CWS, CLT, Harriett B. Loehne, P.T. DPT, CWS, FCCWS

Archbold Center For Wound Management, Thomasville Georgia



Hidradenitis, a chronic, debilitating, condition with exacerbations and remissions affects ~1% of the USA population. The etiology is unknown. The progressive, recurrent, boil-like, nodular lesions with purulent drainage with a foul odor may occur in the axilla, genital, groin, breast and excessive adipose fold regions. A secondary infection occurs most often when there is an acute flare up of the inflamed apocrine glands. Immobility often results due to severe pain, leading to contractures. There are reports of limited relief from various oral medications. Surgical excision of the regions can have secondary complications.

This is a presentation of the treatment of two female patients with Hidradenitis-one with an acute flare up and the other with a chronic, palliative care status. Both had symptoms of severe pain and malodorous drainage limiting their overall quality of life. Neither progressed toward the surgical management option, one due to preference and the other due to comorbidities.

Our initial experiences with treatment of hidradenitis using a non-contact low frequency ultrasound delivered via saline mist* have been successful. The patient with an acute flare up had total closure of a large region with only two small lesions with minimal serous drainage at her last session. The chronic patient has reported a decrease in the amount of odor, out breaks of new lesions and a decrease in her pain since treatment.

We postulate the improvements are from low frequency ultrasound's ability to decrease the bacterial load in the deep communicating sinuses.

* MIST™ therapy system, Celleration Inc.

Reference:

Habif, Thomas P. et al. Skin Disease Diagnosis and Treatment; St Louis Missouri, Mosby, Inc. 2001 pgs 82-83

Conner-Kerr, T. PhD, CWS, et al.; Effects of Noncontact Mist Ultrasound Therapy(MUST™) on Bacterial Levels in a Chronic Woundbed, presented at SAWC 2001

Kavras, S. DPM et al; The effect of Ultrasound MIST therapy on common bacterial wounds at SAWC 2002

Acute Hidradenitis Patient: 38yo black female with history of hidradenitis in both axilla; left axilla had been treated in the past with excision and skin grafting. The patient presented to the clinic with acute lesions in right axilla. She presented with moderate, malodorous drainage, and a pain rating of 8 out of 10. She had dropped out of college due to her embarrassment from odor and drainage. After the second treatment with MIST™ therapy system the patient reported significant reduction in odor, drainage and pain. She received 13 total MIST™ therapy treatments over a 3 month period of time. The patient was discharged with slight drainage and no odor. She has elected not to have surgery on the right axilla and has returned to college.



Chronic Palliative care patient: 57yo black female with a long standing history of severe hidradenitis lesions involving 8 region. Due to numerous co-morbidities she is not a surgical candidate. Our treatment goal has been to minimize the bacterial load by cleansing with pulsatile lavage with suction twice weekly visits. She agreed to a trial period on the left axilla with the MIST™ therapy system. After the 2 nd week the patient reported a decrease in her pain and odor in the left axilla. Eventually the patient requested to have the Mist treatment to the left axilla. She is currently receiving Mist therapy 2xweek and continues to report benefits from the treatments.



Chronic hidradenitis palliative care patient with moderate malodorous draining lesions



MIST™ therapy initiation left axilla region



After ~1 month of MIST™ therapy to the left axilla. Decreased odor, drainage, and pain