What is hidradenitis?
Hidradenitis suppurativa is a painful, chronic inflammation of the sweat gland bearing skin areas. The inflammation of hidradenitis causes blockage of certain skin glands - the apocrine sweat glands - and their ducts. The lesions develop most often in the underarm area (axilla), the groin, the breast and the skin around the anus. It is very common and usually a small problem. Occasionally, an individual will have more extensive disease.

What are the symptoms?
Tender, reddish boils (abscesses) may develop in the areas of skin with large numbers of these sweat glands. The lesions intermittently swell and may open and drain pus. The pain and swelling often decrease once the pus drains. There is a wide range in the extent of the problem. Some people have one or two boils that resolve on their own, while others have extensive abscesses in one or more areas that keep recurring. This may lead to chronic scarring and thickening of the skin and there may be many small openings leading into cavities (sinuses) and tunnels beneath the skin (fistulas). With infection, an unpleasant odor may be present.

How is the problem diagnosed?
The areas of the body affected and the appearance of the lesions are characteristic of the disease. The diagnosis is often fairly easy to make by an experienced doctor in the office setting. Occasionally, a biopsy (tissue sample) of the lesions is needed to confirm the diagnosis or rule out other problems. When the problem occurs around the anus, certain other infections may look similar such as perianal abscesses or fistulas (coming from infections of the glands up inside the anal canal), and pilonidal disease (infection around hairs in between the buttocks).

How is hidradenitis treated?
Since hidradenitis is a chronic disorder of the sweat glands, infections may come and go or even persist. There is a wide range of disease from the occasional small abscess that drains spontaneously to extensive, wide-spread disease with multiple abscesses and fistulas that can be difficult to treat. Simple abscesses are treated by opening the abscess up and draining the pus out. Most will resolve fairly quickly although they can recur. Occasionally, prolonged antibiotic treatment is helpful in reducing recurrences when this has been a problem. When large areas are involved or antibiotic treatment and drainage is not effective, more extensive surgery may be an option. Surgical procedures range from simple drainage, to limited removal of affected areas, to wide excision of all the sweat gland-bearing skin. When large amounts of skin are removed, the area may be allowed to heal on its own or a skin graft may be applied. This extensive approach is only rarely necessary.

Can hidradenitis be cured?
Since hidradenitis is caused by an unknown disorder of the apocrine sweat glands, it may occur in any of these glands wherever they are on the body. Therefore, surgery may eradicate the process in a particular area, but new abscesses may develop in other locations. The chance of disease recurrence depends on
the type of surgery performed. If drainage alone is used, there is a high likelihood of recurrence. With limited excision of affected tissue, there is a moderate chance that the disease will recur. Aggressive treatment with wide excision has the lowest recurrence rate but still does not always eliminate the problem, since about one quarter of patients will have recurrent hidradenitis.

Can hidradenitis be prevented?
Since the cause of hidradenitis is not clearly understood, it is difficult to prevent. Washing affected areas frequently and keeping them clean and dry is thought to be helpful. Occasionally, use of antibiotics have decrease the frequency of infection. Creams, lotions and powders should be avoided as they may further clog up the ducts leading to the glands. Prompt drainage of abscesses may decrease the duration of symptoms and the amount of skin involved.

Patient information materials developed in the Section of Colon and Rectal Surgery at Rush University Medical Center. The information contained in this brochure is believed to be accurate; however, questions about your individual health should be referred to your physician.

July 2013 - No. 021 v8.3

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