

Hidradenitis Suppurativa: An indication for sterilization?

Dr. C. Isaacs BSc. MBBS, Dr. D. Nelson Sands BSc. (Hons) MBBS MSc Clinical Dermatology (Dist), Dr. C. Albury MBChB DFRS FACOG FRCOG
The Rand Memorial Hospital, Grand Bahama Health Services

INTRODUCTION

Hidradenitis Suppurativa (HS), also called Acne Inversa is a chronic skin condition involving the follicular epithelium of the skin. It is characterized by painful nodules, abscesses, sinus tracts and scars which usually occur in the intertriginous regions. The etiology is unknown but likely multi-factorial. It occurs in about 1% of the general population, is more prevalent in women and occurs most frequently during childbearing years. It is also more prevalent in smokers, people of African American descent and those who are obese, therefore it is reasonable to expect a high prevalence in our population. It is diagnosed clinically by its typical lesions and distribution, as well as the relapsing and remitting nature. Management includes lifestyle changes, medical and as a last resort, surgical treatment.

CASE REPORT

This is a case of a 39-year-old G4P2+1 female with a history of HS and two previous LSCS. She presented at 35 weeks for continued antenatal care and delivery. She experienced HS flare ups in all of her pregnancies, however, during this pregnancy it was intractable to treat and negatively impacted her quality of life.

Upon physical examination, extensive lesions were noted in the inframammary region, upper chest, axilla, inguinal region and back including exophytic lesions, with scarring and sinus tract discharge, corresponding to Hurley Stage III.

During her pregnancy she was treated with repeated courses of Augmentin that offered no relief. After counselling from her dermatologist and obstetrician, patient decided to have a BTL in order to avoid having another pregnancy induced flare up like the one she was experiencing.

At 38 weeks and 2 days, she delivered a live male infant via LSCS who appeared to have multiple congenital anomalies. Post-op course was uneventful and she was discharged on day 3. She was seen in postnatal clinic for wound check 1 week later and subsequently discharged back to her home island (Abaco).



Fig.1 : Inframammary



Fig. 2: Axilla



Fig. 3: Back



Fig. 4: Buttocks

DISCUSSION

HS is a challenging disease to treat and is often refractory to typical management. One study showed that nearly 1/4 of patients were unable to list any measure (including surgical) that helped their condition, despite a long disease duration. This outcome indicates that the available treatments for HS are, on the whole, still unsatisfactory. Our patient was noted to have no improvement in her symptoms despite repeated antibiotic courses. Additionally, as she was pregnant, many of the options were contraindicated or at the very least, not ideal.

Based on a systematic review and meta-analysis of 8 studies examining patient reported disease course during pregnancy, it was found that the rate of HS disease improvement was 24% and the rate of HS disease worsening was 20% with the remainder unchanged. Our patient unfortunately fell into the group of worsening HS.

In addition to available treatments having a high failure rate resulting in a high relapse rate, HS also has a negative impact on patient's quality of life (QoL). Studies show that HS is associated with greater impairment of QoL and professional activity than other chronic skin conditions such as psoriasis and atopic dermatitis. Our patient was in such distress during this pregnancy that she decided she could not endure another pregnancy induced flare up again which prompted her decision to have a BTL.

Also noted in our patient was the fact that her neonate had multiple congenital anomalies. A retrospective cohort study done using the Healthcare Cost and Utilization Project Nationwide Inpatient Sample database (HCUP-NIS) from the United States surveyed women who delivered between 1999 and 2015 and evaluated obstetrical and neonatal outcomes among pregnant women with HS compared to those without. This study found that pregnancies in women with HS were associated with an increased risk of congenital anomalies. This case is important because it not only highlights the treatment challenges for HS but also the way in which it affects the patient's quality of life, the possible negative outcomes for mother and infant, as well as the disease course during pregnancy.

CONCLUSION

Hidradenitis Suppurativa is a challenge to diagnose and treat and is made even more so by pregnancy. It also causes great psychological stress and can negatively impact quality of life. Therefore, management must be multidisciplinary and include the OBGYN, Surgeon, Dermatologist, and Psychiatrist.

FUTURE RESEARCH

This case highlights the need for further providing adequate counseling and treatment options in this patient group. A multidisciplinary case review of the outcomes of reproductive aged women with HS over the last 2 years is being undertaken. This will aim to achieve a better understanding of the disease and the treatment modalities offered.