ATYPICAL HIDRADENITIS SUPPURATIVA INVOLVING THE ANTERIOR NECK AND JAWLINE SUCCESSFULLY TREATED WITH ADALIMUMAB: A CASE REPORT.

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INTRODUCTION. Hidradenitis suppurativa (HS) is a chronic suppurative disease primarily affecting the axillae, perineum, and inframammary regions, where apocrine sweat glands are present1. However, HS can occur in atypical locations 1,2.

CASE REPORT. A 40-year-old man presented with a three-year history of chronic painful subcutaneous nodules, deep sinuses, and abscesses involving the jawline and the anterior aspect of the neck. The patient had no personal or family history of acne vulgaris, HS, diabetes or gastrointestinal illness. He had previously been treated with multiple courses of topical and oral antibiotics, which resulted in partial and temporary improvement. Dermatological examination: There were numerous rope-like hypertrophic scars within raised inflammatory plaques, deep-seated nodules, sinuses and fistulae with purulent and bloody discharge on the jawline and the anterior neck (Figures A and B). Studies: Punch biopsies showed dermal scarring and epidermal ulceration, without other remarkable characteristics. Tests were negative for any causative microorganisms. He was found to be insulin resistant. Treatment and follow-up: Isotretinoin 10 mg/daily for 10 months was tried, with no improvement. Given all the features, the diagnosis of HS in an atypical location was made. Considering the severity of the disease (Sartorius score (SS) 70 and Hurley stage 2) and the lack of response to other conventional treatments, biologic therapy with adalimumab 40 mg/weekly was added. Three months later, the patient improved significantly (SS was 59) and the isotretinoin was ceased. Subsequently, monthly laser treatment was added as an adjuvant therapy to avoid trapped hairs (long pulsed Nd:YAG laser, 1064nm wavelength). After one year of ongoing treatment with adalimumab and laser treatment, the patient continued to improve, with a SS of 14 (Figures C and D).

DISCUSSION. Atypical areas including the ears, face, posterior neck, chest and back have been described in patients with HS, especially in men1,2-3. These locations are infrequent, and most of the cases reported showed lesions of HS in unusual locations associated with other typical areas affected2,3. The most important differential diagnoses considered were an infectious disease or acne conglobata. Thus, the clinical appearance of the lesions, the lack of response to isotretinoin, and a satisfactory response to adalimumab, one of the biologics with the strongest evidence to treat HS4, allowed us to conclude that this patient has a localized form of HS involving an atypical location. Besides, the involvement of atypical locations such as the anterior neck and jawline (areas with an abundant number of terminal hair follicles), in this case, supports another possible pathogenic theory of HS, which consists of the occlusion of terminal hair follicles rather than to be essentially a disorder of the apocrine glands5.

REFERENCES