

Impact on quality of life of Hidradenitis suppurativa: a case report

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Background

Hidradenitis suppurativa (HS) also known as acne inverse, is a chronic, recurrent, and debilitating inflammatory skin condition, characterized by recurrent suppurative lesions leading to tissue destruction and fibrosis WHOSE prevalence is about 1% to 4%. We intend to demonstrate that this disease is actually underestimated and that it should be economically and socially supported by governments.

Case History

A 36 years old male with HS was transferred to our long term care Unit for urinary tract disease antibiotic treatment. Patient had poor socio-economic conditions. Before admittance to our ward he was hospitalized multiple times Patient history included: obesity, cigarette heavy smoking and suspected drug abuse, recurrent lung infections with lung failure and with pleural empyema complicated by hydro-pneumothorax, CKD, ophthalmic and auditory infections with sight and hear loss monolaterally, hiatal hernia, gastropathy and bone fracture In 2019 first HS diagnosis was made during hospitalization for sepsis. Patient referred that first lesions appeared on upper limbs bilaterally, after bariatric surgery, while he was working abroad, and significantly improved his economic conditions.

Patient underestimated the importance of early diagnosis and kept working treating lesions as acne. In a few month lesions developed in perianal region and massive scar tissue persisted on

the arms. Patient had to come back to Italy for medical care. He developed sepsis multiple times and after his HS diagnosis was treated also with immunological therapy. He was never able to have a job again due to his poor clinical conditions and frequent hospitalizations and developed anxiety and mood disorders. At clinical examination, patient showed multiple lesions and abscesses in perianal region and referred perianal serous discharge. Other clinical condition was stable. After a few days of treatment patient developed chills and dysuria and presented ematochezia and anal purulent discharge.

Blood tests showed inflammatory and septic indexes raise (Procalcitonin and C-reactive protein) and severe anemia. Patient underwent multiple blood transfusions in the next days. Subsequently patient referred emission of solid, malodorous material in urine associated with severe dysuria and ematuria. Surgical consult requested MRI that showed air in the bladder and the presence of multiple perianal fistulas. CT scan with contrast of pelvis that showed in detail one fistula between the posterior wall of the bladder and rectum.

Discussion

From data analysis in the literature, it emerges that the seriousness and consequent economic impact of the disease is underestimated. Therefore, in our opinion, economic as well as social support measures should be implemented by the Sanitary Service, in order to improve the quality and life expectancy of these patients.