

CASE REPORT

HIDRADENITIS SUPPURATIVA: NIDUS FOR SCROFULODERMA

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INTRODUCTION: Scrofuloderma is a form of cutaneous tuberculosis from direct extension of disease focus.¹ Hidradenitis suppurativa is primarily a poral occlusion disease and it forms a nidus for scrofuloderma.² In this article, we present an interesting case of scrofuloderma occurring in Hidradenitis suppurativa lesion.^{3,4}

KEYWORDS: Hidradenitis, scrofuloderma,

CASE REPORT: 29 year old male came to our hospital for chronic discharge in his axillae and perineal region for 2 yrs. He was treated in various hospitals for similar complaints but there was no response. His younger brother also had similar complaints.^{5,6} Clinical examination revealed multiple oozing plaques on axillae, groin, perineal region and multiple puckered scars. Investigations showed increased ESR, FNAC of lymph node showed AFB. PCR of lymph node was positive. Skin biopsy showed epithelioid cells, lymphocytes, langhan's cells, caseation and inflammatory reaction. The above findings confirmed the diagnosis of scrofuloderma in an existing Hidradenitis suppurativa condition. Patient treated with Antitubercular drugs (CAT-3) and follow up done.⁷ The response was excellent.

DISCUSSION: Hidradenitis suppurativa is a chronic relapsing inflammatory disease originating in apocrine gland follicles which become chronic and indolent with induration, scarring of skin appendages and sinus formation. It is familial- Autosomal dominant, HLA A1 & B8 associated.^{1,2} It occurs in axilla and perineal region characterized by painful, small, firm, subcutaneous nodules, indurated plaques and polyporous comedones.³

Scrofuloderma is a form of secondary cutaneous tuberculosis resulting from extension of underlying tuberculous focus such as lymph node, bone, joint, lacrimal gland even epididymis to overlying skin. It is characterized by bluish red nodules overlying infected gland or joint which breaks to form undermined ulceration with granulation tissue at the base.⁸ Numerous sinuses and fistulae may communicate beneath ridges of bluish skin. On progression, it heals with puckered scars.

CONCLUSION: In places like India, oozing lesions resisted to treatment, cutaneous tuberculosis should be suspected. This case of hidradenitis suppurativa among brothers acting as nidus for scrofuloderma is quite rare. So it must always be borne in mind. Prompt diagnosis may favor treatment.

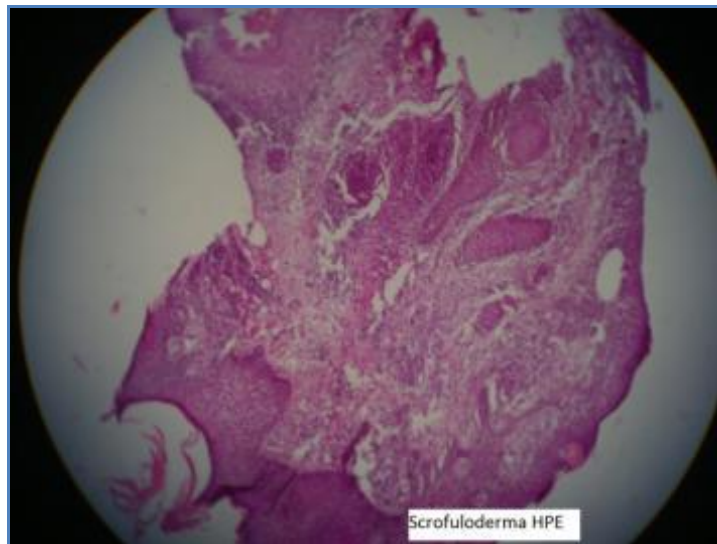
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