



Hidradenitis suppurativa: considerations on surgical treatment.

Dear Editor,

We read with great interest the article entitled "Hidradenitis suppurativa. A case report" written by Fabian O et al. and published in *Annali Italiani di Chirurgia*, 2023; 12 – May 8¹.

Treatment of hidradenitis suppurativa is challenging. Surgery is often necessary because of the unsuccess of other therapies. However, surgical treatment is not standardized and it may vary from local excision and secondary healing to extensive removal of affected skin followed by skin graft or flaps coverage. We agree with the treatment performed by the Authors in their case report. Nevertheless, based on our experience on some patients affected by this illness and surgically treated, we would like to draw the attention of the reader of your journal on some consideration on this pathologic issue.

The patients we treated, were affected by hidradenitis suppurativa in the perineum and in the perianal region. Their clinical history showed a typical outcome with abscesses and nodule without tendency to heal.

They were referred to our attention in an attempt to drain the abscess. Our policy, however, was in all cases to go ahead with a surgical excision of the affected region and a secondary healing was accomplished. All the patient were cured with repeated medication and no recurrences were observed in the follow-up.

Therefore, according to our experience, we suggest to be more aggressive than simple drainage of the abscesses, performing an excision of the affected skin, when surgery is indicated. In this way, patients can be treated with a curative intent in an early stage, without delaying the time for surgery. What reported in the Literature^{2,3} and in the case by Fabian O et al.¹, should confirm this our suggested policy, since they observed a worsening of the disease with extension of suppuration and new fistula formation after incisions and drainage of abscesses, performed prior to their observation.

Furthermore, an early treatment with excision of smaller lesions may allow a secondary healing, avoiding skin graft or flaps that may need long hospitalization like in the reported case of Fabian O. et al, with a significant increase of the health costs.

References

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