Gluteal and Perianal Hidradenitis Suppurativa Associated With Tuberculosis

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Abstract Perineal and gluteal hidradenitis suppurativa is a rare, chronic inflammatory disease of the skin caused by concomitant occlusion of the apocrine glands. We present a case report of a young male with no co-morbid conditions in which histopathology and DNA PCR showed association of chronic hidradenitis suppurativa with tuberculosis. There was relapse after three months of completion of anti tubercular therapy. He was subsequently treated successfully with wide excision, split thickness skin grafting and a defunctioning stoma.

Keywords Gluteal · Perianal · Hidradenitis Suppurativa · cutaneous · Tuberculosis

Introduction

Perineal and gluteal hidradenitis suppurativa is a rare, distressing and sometimes debilitating, chronic inflammatory disease of the skin caused by concomitant occlusion of the apocrine glands [3]. The etiology is not clear. It usually manifests by recurrent abscesses, multiple sinus tracts, acute folliculitis and infection of the contiguous glands and subcutaneous fatty tissue. It results in intense suffering leading to physical, psychological, familial and professional disturbances. We present a very rare case of perineal and gluteal hidradenitis suppurativa complicated with cutaneous tuberculosis.

Case Report

A 22 year old male, non smoker and with no co-morbidity, presented with a history of multiple surgeries for chronic perineal and gluteal abscesses over the last 8 years. There were multiple discharging sinuses interspersed with raw granulation tissue and unhealthy skin. Wide excision was done and the wound left open for dressings. The histopathology was suggestive of tuberculosis (Fig. 1) and DNA PCR tested positive for mycobacteria tuberculosis. Mycobacterial cultures were, however negative. He responded well to anti tubercular regimen and the wound granulated well and closed successfully.

The patient was well upto after 3 months of completion of ATT when he had a relapse of his gluteal lesions. There was redness, induration, boggiess and multiple sinuses containing pus on both sides of the midline (Fig. 2). There were linear ulcerations in the sacro-coccygeal and perineal skin; however anal and perianal skin was normal.

Repeat PCR DNA for mycobacterium was negative. Fungal and mycobacterial cultures were negative. CD4, CD8 and serum immunoglobulin profile was within normal limits. Colonoscopy was normal and biopsy was unremarkable. A diagnosis of hidradenitis suppurativa was entertained and he was taken up for wide excision of the lesions, split skin grafting and a diversion colostomy. He has remained well since except for one or two incidences of minor folliculitis; stoma has been reversed.

Discussion

The incidence reported is 1:300 with the largest series of gluteal and perianal hidradenitis suppurativa reporting 56

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Fig. 1 Shows fibro connective tissue with dense collections of chronic inflammatory cells amidst which is seen epithelioid cell granulomata with Langhans giant cells suggestive of tuberculosis

patients [1]. Usual onset is at puberty and the disease slows down by the mid fourth decade. Females are more commonly affected. Common sites of occurrence include axilla, inguinal, perineal, mammary, infra mammary, gluteal, pubic region, chest, scalp, retro auricular and eyelids. Secondary involvement of the glands with bacteria leads to suppuration. Most cultures identify staphylococcus aureus, streptococci milleri, bilophila wadsworthia and Chlamydia trachomatis [4]. Superadded tubercular infection has never been reported, as seen in our patient.

It is primarily a clinical diagnosis with differentiations done from other dermatological diseases affecting the skin bearing apocrine glands. The disease is characterized by recurrence and has multiple nodules and abscesses, mostly deep and round without pointing necrosis (unlike staphylococcal furunculosis). Chronicity is represented by sinus formation and scarring.

Fig. 2 Bilateral perineal and gluteal involvement with multiple pus discharging sinuses

The clinical variants of tuberculosis are many and include hypertrophic, ulcerative, and scarring forms in addition to mucosal (nasal, oral and conjunctival) lesions. Rarely psoriasiform mutilating vegetative and nodular lesions occur. In Western countries, face is reported to be the most common site of involvement while in India, lower extremities, especially the gluteal region is the most commonly affected area. The probable hypothesis is that the bacilli lying dormant for years are re-activated by trauma and non-specific inflammation in an already immunocompromised patient.

Hidradenitis suppurativa of the gluteal and perineum is usually more extensive. Non surgical management, which includes warm baths, hydrotherapy, topical cleansing agents and systemic antibacterial chemotherapy, only brings about short term pain relief and alleviation of distressing symptoms. Some centres advocate usage of hormonal therapy for reduction of androgen levels [3]. Isotretinoin and oral cyclosporine are being used with variable results [4] There is not enough evidence in literature to support this treatment arm.

Wide excision extending into normal skin is the treatment of choice. The area should be resected in its entirety down to normal fascia, or at least up to 0.5 cm of subcutaneous tissue to ensure adequate removal of apocrine glands [2]. In extensive disease staged excision can be planned after delineation by using starch iodine method.

Several methods of wound management include primary closure, split thickness skin grafting coverage, or healing by secondary intention. Recurrence is related to inadequacy of resection or disease process commencing in previous normal surrounding areas.

Conclusion

The reason for association of this disease with tuberculosis is unexplained. Low immunity because of chronic extensive disease might have led to secondary infection with tuberculosis. Tuberculosis has to be treated along with the standard treatment for hidradenitis suppurativa. This association has not been reported earlier.

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