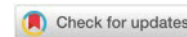


HIDRADENITIS SUPPURATIVA

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Abstract: Hidradenitis suppurativa (HS), or still known under the name Acne Inversa is a multifactor disease that has a chronic flow and starts with the capture of follicles of fibers located in intertriginous regions or anogenital regions. It is followed by recurrent, deep, sub connected and painful nodes, connected intertriginous sinus tracts and hypertrophic scars. Women are more versatile from men, according to 3:1 and more likely to develop axillary and genitofemoral lesions than a male population that develops changes that are localized in the perineal region. The disease itself is unpredictable flow and cannot be certain whether the period of menstruation, pregnancy or menopause may affect the deterioration of the patient's condition. Usually, the bacterial infection that builds on the state itself is like a secondary phenomenon and most often isolate beta hemolytic streptococcus or staphylococcus. The pathogenesis of the disease is still unclear, but it is thought that the primary event that occurs is follicular occlusion occurring as a result of infundibular keratosis and epithelial hyperplasia. Features show that patients say that the same changes occur in other members of the family. Some genes from Secretase G family are thought to be responsible for the disease itself. On the other hand, there are autoimmune reasons for the very disease, both of the innate and the acquired immunity. However, this disease is classified as neutrophilic restriction. The simplest and most widely used instrument for HS classification in routine clinical practice. It classifies HS into three stages: Stage I: isolated, single or more painful abscesses, no scars and occurrence of cicatrix. Stage II: recurrent pain abscesses with scars, single or multiple but not so extensive. Stage III: diffuse, similar to plates, inflammatory, sick infiltrates or more mutual abscesses. Contracts of joints as a result of limited mobility associated with pain. Because the disease has more stages and treatment itself will be correlated with the stage of the disease. We should emphasize that the disease can also be worsened by some accompanying diseases from which the type 2 diabetes or some other endocrine and metabolic diseases should be distinguished in the first place. Always put the lifestyle and change in everyday habits as it is in the first place to reduce weight if it is increased as well as the cancellation of cigarette smoking. Primary in treatment is maintaining good personal hygiene with soaps that are antibacterial and pastures with mild disinfection. At the beginning of the disease, antibiotics are usually attached as local and systemic administration, most often from the group of tetracyclines. Anti-inflammatory preparations are given in order to reduce inflammation and drug reduction drugs. As antiseptics use salicylic solution, alcohol pine, camphor, ethyl alcohol or iodine. More recently, it goes to make drinks from iodine and potassium hypermangan. If it is not contraindicated, corticosteroid creams and gels as well as a local anesthetic can be reduced. Surgical intervention can be applied to make an incision of a nodule or an apex to be easier drainage and thus reduced the pain of the region concerned. It should be noted that this disease affects the whole family. In the first place, it is necessary to accept the patient's patient in order not to isolate it from the rest and to participate in social life as before the disease itself. A conversation is necessary by a psychologist with the whole family in order to facilitate life and improve the quality of it.

Keywords: hidradenitis suppurativa, pathology, stage, treatment.

Field: Medical sciences and Health

INTRODUCTION

Hidradenitis suppurativa (HS), or still known under the name Acne Inversa is a multifactor disease that has a chronic flow and starts with the capture of follicles of fibers located in intertriginous regions or anogenital regions. It is followed by recurrent, deep, sub connected and painful nodes, connected sine tracts and hypertrophic scars. The situation itself is followed by continuous pain that can vary from easy to unbearable and to a large extent difficult life and everyday activities of the patient. Women are more versatile from men, according to 3:1 and more likely to develop axillary and genitofemoral lesions than a male population that develops changes that are localized in the perineal region. The disease itself is unpredictable flow and cannot be certain whether the period of menstruation, pregnancy or menopause may affect the deterioration of the patient's condition. Usually, the bacterial infection that builds on the state itself is like a secondary phenomenon and most often isolate beta hemolytic streptococcus or staphylococcus.

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ETIOLOGY AND PATHOGENESIS

The pathogenesis of the disease is still unclear, but it is thought that the primary event that occurs is follicular occlusion occurring as a result of infundibular keratosis and epithelial hyperplasia. Features show that patients say that the same changes occur in other members of the family. Some genes from Secretase G family are thought to be responsible for the disease itself. On the other hand, there are autoimmune reasons for the very disease, both of the innate and the acquired immunity. However, this disease is classified as neutrophilic restriction. Increasing the levels of IL-1, IL-10, IL-12, IL-17, IL-23, TNF, CASPASE-1, S100A8, and S100A9 in inflammatory tissue, point out the role of the adaptive immune system. According to this evidence, autoimmune disorder it's fundamental role in HS, especially in patients with syndrome phenotype.

- Bacteria: The bacteria, as the follicular occlusion, is considered to play a role in the pathogenesis of the disease itself. Often, these patients also note disbursts and disruption of the bio flora of the skin.

- Androgens and estrogens: Although sometimes there are no correlation with the weight of the clinical picture, many women reported that in the premenstrual period there were deterioration in the state of the disease, while remission during pregnancy. Usually in girls with the occurrence of early men, there is a familial form of hidradenitis and a much stronger pronounced form of disease. The premenstrual falling levels of estradiol and progesterone indicates that hormonal changes during the menstrual cycle can affect the start and symptoms of HS. Today, the effects of hormone therapy, such as testosterone, have become one of the most controversial issues related to the treatment of hidradenitis.

- Lifestyle wearing tight clothing that increases friction can exacerbate the state of the disease. Some women found that the use of tampons compared to sanitation pads reduces the friction of the skin. We cannot say that the unhygienic is the cause of the painful nodules, but the use of personal hygiene objects that irritate the skin can be a trigger factor for worsening the situation.

- Mechanical stress; Many skin disorders are due to mechanical stress. Friction may occur on different parts of the body. Areas of body with the highest risk are the axilla, groin, buttocks, neck and waist

- Mental stress plays a very big role for the disease itself. Additional deterioration may occur if other inflammatory diseases are present, the skin that violate its integrity.

- Smoking; More than 70% of patients with HS are smokers. Smoking cigarettes are associated with heavier symptoms of HS and increased sweating secretion by the eccrine sweat glands and on the other hand and reducing the immune response of the home.

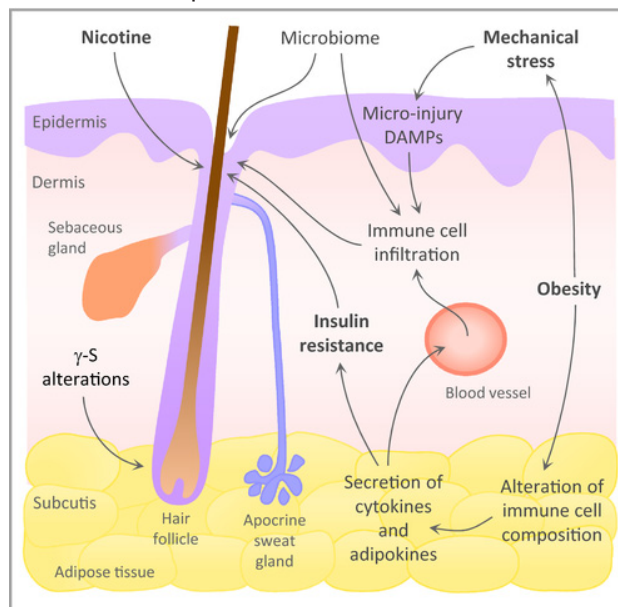


Figure 1. Pathogenesis of HS

3. CLINICAL ASPECTS

In the early stages of the disease of the affected regions, inflammatory surfaces with bright red color, painful nodes and nodules appear. These changes often merge into many sick air detections that are above the surface of the skin and in a few days (7-10 days) are opened on the surface of the skin and

expires a purulent secretion that has an unpleasant smell. Usually, the affected places are with limited mobility and the patient often saves and occupies forced position in bed in order to reduce pain. The pain usually occurs at night and patients have disturbed sleep and thus reduced quality of life. Usually, the friction itself leads to other sick nodules and the apples that further exacerbate the situation. The person concerned is usually closed within himself and is distanced from other people who result in depression and mood change.

The simplest and most widely used instrument for HS classification in routine clinical practice. It classifies HS into three stage:

- Stage I: isolated, single or more painful abscesses, no scars and occurrence of cicatrix
- Stage II: recurrent pain abscesses with scars, single or multiple but not so extensive
- Stage III: diffuse, similar to plates, inflammatory, sick infiltrates or more mutual abscesses.

Contracts of joints as a result of limited mobility associated with pain.

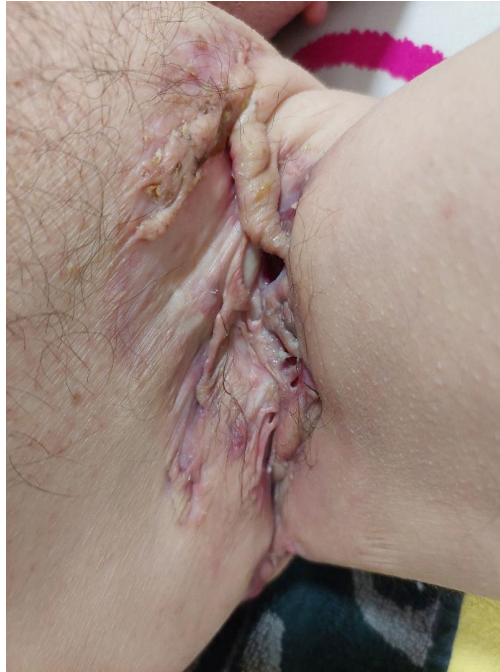


Figure 2. HS of axila



Figure 3. HS of gluteus



Figure 4. HS of perianal regia

TREATMENT OF HS

Because the disease has more stages and treatment itself will be correlated with the stage of the disease. We should emphasize that the disease can also be worsened by some accompanying diseases from which the type 2 diabetes or some other endocrine and metabolic diseases should be distinguished in the first place. Always put the lifestyle and change in everyday habits as it is in the first place to reduce weight if it is increased as well as the cancellation of cigarette smoking.

Primary in treatment is maintaining good personal hygiene with soaps that are antibacterial and pastures with mild disinfection.

At the beginning of the disease, antibiotics are usually attached as local and systemic administration, most often from the group of tetracyclines. Anti-inflammatory preparations are given in order to reduce inflammation and drug reduction drugs. As antiseptics use salicylic solution, alcohol pine, camphor, ethyl alcohol or iodine. More recently, it goes to make drinks from iodine and potassium hypermangan. If it is not contraindicated, corticosteroid creams and gels as well as a local anesthetic can be reduced. Surgical intervention can be applied to make an incision of a nodule or an apex to be easier drainage and thus reduced the pain of the region concerned.

System therapy is indicated when we already have a second or third stage of the disease. The most commonly attached drugs are as follows:

- Clindamycin-Rifampicin (300 mg + 600mg) in one or divided into two doses for a duration of 10 weeks
- Tetracycline (100 to 200 mg per day)
- Rifampicin-moxifloxacin-metronidazole (Rifampicin 10 mg / kg once a day, moxifloxacin 400 mg once a day and metronidazole 500 mg for a duration of 6 weeks)
- Ertapenem (1 gram per day intravenous for 6 weeks)
- acitretin (daily dose of 0.25-0.88 mg / kg for 3-12 months)
- Cyclosporine.
- Dapsone
- Isotretinoin.
- Biologics.

Laser hair removal, surgical treatment for affected regions, incisions, excises are additional therapeutic approaches to this disease.

LIFESTYLE MODIFICATIONS

Depending on the severity of the disease and the stadium for the same to improve the quality of the news, some certain habits must be changed. In the first place is maintaining good personal hygiene. Regular application of disinfectant and preferably removing the hair from the affected places. It is not allowed clenching, pressing the apples and their friction, but wearing comfortable and cotton clothes that would reduce friction and sweating. Running healthy life and healthy dietary habits. Decreased input of red Messi and foods containing preservatives, entering fresh food and supplements in order to strengthen immunity, stop smoking and weight loss. If there are other accompanying diseases it is obligatory to keep under control by taking appropriate therapy. Reducing the leans in the blood and regulation of diabetes mellitus.

CONCLUSION

It should be noted that this disease affects the whole family. In the first place, it is necessary to accept the patient's patient in order not to isolate it from the rest and to participate in social life as before the disease itself. A conversation is necessary by a psychologist with the whole family in order to facilitate life and improve the quality of it.

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