Recurrent painful nodules with sinus formation in the axillae of a young women

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CLINICAL FINDINGS

A 23-year-old woman presented with a three-year history of recurrent painful nodules in both axillae, which progressed to form draining sinuses and atrophic scars. The flares often intensified in the premenstrual phase. The patient denied any systemic symptoms but reported significant discomfort, malodor, and emotional distress due to the lesions. Her medical history included obesity and active smoking. Family history was negative for similar lesions. On examination, the axillae revealed multiple inflamed nodules, interconnected draining tracts, double-headed comedones, and areas of fibrosis and postinflammatory hyperpigmentation. Other intertriginous areas were unaffected.

Fig. 1 Advanced HS with inflammatory nodules, hypertrophic scarring, and draining sinus tracts in the perianal, gluteal, and upper thigh regions.

What is your clinical diagnosis?

- Hidradenitis suppurativa
- Crohn disease (perianal involvement)
- Pilonidal sinus
- Recurrent furunculosis
- Epidermoid cysts with secondary infection
- Tuberculous abscess
- Perianal fistula of non-HS origin

DIAGNOSIS

Hidradenitis suppurativa (HS)

Gram stain and bacterial cultures of the exudate revealed mixed skin flora. Dermoscopy showed dilated follicular openings, double-headed comedones, and perifollicular erythema. Histopathology from an incisional biopsy of a chronic lesion demonstrated follicular hyperkeratosis, perifollicular inflammation, ruptured follicular epithelium, and mixed neutrophilic and lymphocytic infiltrates.

DISCUSSION

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease characterized by recurrent painful nodules, abscesses, and draining tunnels primarily affecting intertriginous areas such as the axillae, groin, and buttocks. The exact etiology is unclear, but follicular occlusion, microbiome dysregulation, and aberrant immune responses are key contributors. HS is more prevalent in

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women and typically presents after puberty.

Diagnosis is clinical and based on the presence of typical lesions (nodules, abscesses, and tunnels), recurrent episodes over time, and characteristic locations. Hurley staging classifies disease severity into three stages, guiding management options. Common exacerbating factors include mechanical friction, smoking, obesity, and hormonal fluctuations. HS is associated with multiple comorbidities, including depression, metabolic syndrome, and Crohn disease. Initial management focuses on lifestyle modifications such as weight reduction, smoking cessation, and minimizing friction. Medical therapy ranges from topical clindamycin and oral antibiotics (e.g., doxycycline, clindamycin-rifampin) to hormonal agents and biologics such as adalimumab or secukinumab in moderate to severe cases. Surgical interventions, including deroofing or wide excision, may be necessary for persistent or advanced disease. Combination medical and surgical approaches are often required for optimal disease control.