In Office Procedures for Hidradenitis Suppurativa

Steve Daveluy MD
sdaveluy@med.wayne.edu
Disclosure

• No conflicts of interest relevant to this talk
Objectives

After this talk, attendees will be able to:

• Decide which in office procedures are appropriate for a patient
• Successfully perform deroofing and intralesional steroid injection for HS
• Recognize the utility and possibly perform cryoinsufflation for HS
Surgical Techniques for HS

• Incision and Drainage
• Intralesional Triamcinolone
• Deroofing
• Cryoinsufflation
• Laser Hair Removal
• Electrosurgical Peeling
• Wide Local Excision (CO2 laser, Electrosection, scalpel)
Case 1

A patient with longstanding Hurley Stage II hidradenitis presents with an red, swollen, painful abscess in the suprapubic area that developed within the last 48 hours. What procedure(s) can alleviate his symptoms?

A. Incision and Drainage  
B. Intralesional Triamcinolone  
C. Cryoinsufflation  
D. Deroofing  
E. Laser Hair Removal
Incision and Drainage

• Can relieve pain of tense abscess
• Recurrence: 100%

Procedure:
1. Local analgesia
2. Incision
3. Express pus +/- saline rinse
4. Optional: Gauze packing

Deroofing

- Persistent sinus tracts in Hurley I and II
- Recurrence: 4-17%
- Procedure:
  - Palpate tract and local analgesia
  - Probe for connections
  - Roof is removed (laser, scissors)
  - Scrape (curettage, grattage)
  - Secondary intention healing

Deroofing

Intralesional Triamcinolone

• Common practice
• Frequently allows drainage too
• Flares:
  • 36 patients
  • Triamcinolone 10mg/mL
  • Mean volume 0.75mL (0.2-2mL)
  • Reduced redness, suppuration, size & edema at 1 week f/u

Intralesional Triamcinolone for Fistulae

- 46 patients
- Triamcinolone 40mg/mL, 0.5mL
- At 90 days:
  - 43.5% resolved clinical & US
  - 28.3% clinical resolution only
  - 28.3% persisted
- Clinical size: 17 -> 5.1mm
- US length: 16 -> 8.6mm
- Hypopigmentation and mild atrophy


Lesions 25mm or less
Case 2

A patient with Hurley Stage I HS is well controlled on systemic and topical medications, but reports a chronic draining sinus tract in the left inguinal fold. She had a small deroofing in the past and would like to avoid scarring, if possible. What is the best treatment option?

A. Incision and Drainage
B. Intralesional Triamcinolone
C. Deroofing
D. Cryoinsufflation
E. Laser Hair Removal
Cryoinsufflation

- Intraloesional liquid nitrogen to destroy lining of sinus tract
- Limited number of patients
- Update: pretreat with 2 months of antibiotics (minocycline 100/rifampin 300 BID)
- 21G Olive tipped/blunt cannula on cryosurgical unit
- Alternative: Straight Spray Extension


Cryoinsufflation

- Insert blunt cannula into sinus tract
- Pulse LN2 for ~5 seconds
- Rest ~3 seconds
- Avoid ice ball at insertion point
- No analgesia
- Acetaminophen first 24 hours

Laser Hair Removal

- Evidence: Nd:YAG > IPL > Alexandrite > Diode
- Treat entire area, double pulse lesions
- At least 3-4 treatments
- 65.3% reduction in severity overall
- 73.4% inguinal, 62.0% axillary, 53.1% inframammary
- Pretreatment with systemic antibiotics (clinda/rifampin, tetracycline)

Laser Hair Removal

• Prevention in early disease
• 27 patients: Hurley I, Follicular subtype
• Nd:YAG 1064nm 30-60J/cm², Spot Size 7-12mm, 20-40ms, 2 passes
• Treatments: 4-6 week intervals, Mean number: 9.8
• Reduction in severity & flares/month
• 67% would recommend LHR to others
• Majority: 26-75% hair reduction

Laser Hair Removal

Nd:YAG

• Skin Type I-III: 35-50 J/cm², 10ms, 10mm
• Skin Type IV-VI: 25-40 J/cm², 20ms, 10mm
• 3-6 months

IPL

• 2x/week x 4 weeks
• 420-550nm, 7-10 J/cm², 30-50ms

Alexandrite

• Case Reports
• 15-24 J/cm², 20ms, 15-18mm, 6 treatments
Surgical Techniques for HS

• Incision and Drainage
• Intralesional Triamcinolone
• Deroofing
• Cryoinsufflation
• Laser Hair Removal
Save the Date 2019
4th Annual Symposium on Hidradenitis Suppurativa Advances
November 1 – 3, 2019
Westin Book Cadillac Hotel, Detroit, MI

www.hs-symposium.org

Thank you
Steve Daveluy
sdaveluy@med.wayne.edu