

# Hiradenitis suppurativa presenting as a polypoidal lesion at the anal verge

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## Abstract

Hidradenitis suppurativa is a chronic disease characterized by painful recurrent abscesses, fistulas and scarring lesions in axilla, groin, perineum and rarely mass lesions at the affected site. Here we present a case of hidradenitis

suppurativa that presented as a polypoidal growth at the anal verge.

**Keywords** Hidradenitis suppurativa, anal polyp

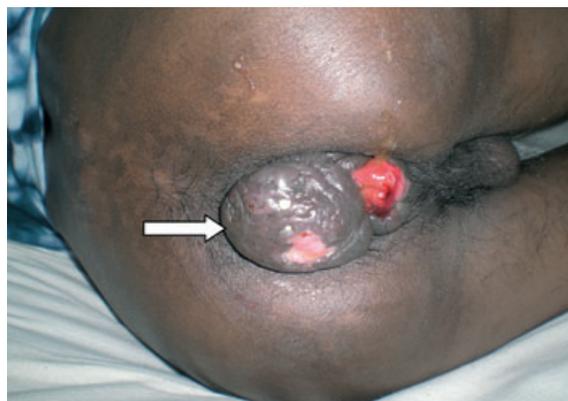
Hidradenitis suppurativa is a chronic disease characterized by painful recurrent abscesses, fistulas and scarring lesions in axilla, groin, perineum and rarely mass lesions at the affected site. A mass results from the lymphoedema that results following obstruction and destruction of the draining lymphatics due to the chronic inflammatory process [1,2]. Hidradenitis is a benign disease with a chronically protracted disease process which is difficult to treat and recurrences following surgery are common.

A 43-year-old male presented with a progressively enlarging painless perianal lump extending in to the anus, of 4 months duration.

On examination, a polypoidal mass measuring approximately 4 cm in diameter was seen at the anal verge merging with anal mucosa at 6 o'clock position (Fig. 1). The surface was slightly nodular with pits in between. When firm pressure was applied, beads of pus was seen coming through the pits. The surrounding skin appeared normal without scarring, thickening or fistulous tracts.

Digital rectal examination and flexible sigmoidoscopy were normal and the patient underwent complete excision of the lump under general anaesthesia.

The histology of the lesion showed, epidermal hyperkeratosis and follicular plugging with a dense inflammatory infiltrate comprising neutrophils, lymphocytes and plasma cells in the dermis. Focal microabscess formation was present and the appearances were consistent with suppurative hidradenitis. There was no evidence of malignancy.



**Figure 1** Polypoidal mass at the anal verge (arrow indicates the lesion and the anal mucosa is seen anteriorly).

Hidradenitis suppurativa of the apocrine sweat glands was first described by Valpeau in 1839 [3]. It is a chronic inflammatory process, but exact pathophysiology is poorly understood. It is believed that the disease begins with the plugging of a cutaneous apocrine sweat gland duct with subsequent gland dilatation and secondary bacterial infection [4].

Rarely this chronic inflammatory process can lead to lymphatic obstruction and obstructive lymphoedema. There have been previous reports describing chronic hidradenitis presenting with masses in the perineum, vulva, scrotum and penis [1,5].

Incision and drainage as the preferred modality of treatment for hidradenitis was first described by Aristide Verneuil in 1854, and since then various surgical techniques and medical therapies have been described.

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In advanced or recurrent cases the best treatment option is wide local excision of all affected areas, including adjacent areas of skin containing apocrine sweat glands [5]. The resulting skin defect can either be primarily closed, allowed to heal by secondary intention or can be grafted primarily or at a later date with skin or with a flap.

To our knowledge, this is the first documented case of hidradenitis presenting as a polypoidal mass at the anal verge.

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