



SCHWEIZERISCHE ARBEITSGRUPPE FÜR KOLOPROKTOLOGIE
GROUPE SUISSE D'ETUDES COLOPROCTOLOGIQUES
GRUPPO SVIZZERO DI STUDIO PER LA COLOPROCTOLOGIA
SWISS STUDY GROUP FOR COLOPROCTOLOGY

Acne inversa – The surgeon's perspective

Merlin Guggenheim

merlin.guggenheim@swissparc.ch

.... picking up where Robert left off

- Treating acne inversa patients ultimately falls to plastic surgery
- Impossible without important contributions of other specialties
- Some patients are kept stable by dermatology and don't want potentially curative albeit mutilating surgery
- Interdisciplinary Board helps share the burden

...thou shalt not lie

- Acne inversa patients are «D'Artagnan-Patients»:
- «All for one and one for all»
- Surgeons normally don't volunteer for the treatment
- Treatments often limited to abcess incisions
- Interdisciplinary Board helps to share the burden



...thou shalt not lie

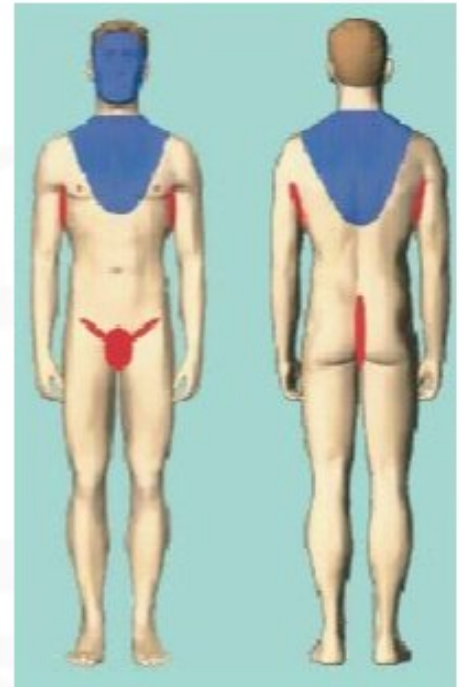
Basics

- Prevalence 1:100 – 1:600
- Ratio female to male 2-5 : 1
- More often axillary affections in women
- More often perianal and extensive disease
- Smoking common in this patient group
- Clinical diagnosis, no «gold standard» imaging or lab examination

Basics

Predilection areas

- intertriginous areas
- up to 45% with only one clinical site
- Acne vulgaris areas not affected (in general)



Stein et al. Der Hautarzt 2003 ; 54: 173-187

Predilection areas:



Less common areas:

Early stages

- Multiporous, fistula comedones
- Inflammatory superficial nodules
- Progression
- Deep, coarse, painful nodules
- Abscesses

Late stages

- extensive, erythematous-indurated, livid-coloured areas
- boilous nodules, abscesses, fistulas
- funnel and bridge scars
- putrid, malodorous discharge
- May limit movement, intercourse

Late sequelae

- Dermal Contractures
- Elephantiasis-like genital oedema
- Funnel and bridge scars
- pararectal or urethral fistulae
- malign transformation (reported at 3,2%) ¹
- Sepsis and death ²

Preoperative Preparation

- Antibiotic treatment?
- Colostomy
- Sphincter involvement?



Wound Closure

1. Single stage

- Direct closure with skin grafts or locoregional flaps
- Only for smaller defects and certainty (?) of radical excisions
- Recurrences and wound healing problems more frequent

Wound Closure

1. Single stage

- Direct closure with skin grafts or locoregional flaps
- Only for smaller defects and certainty (?) of radical excisions
- Recurrences and wound healing problems more frequent

Wound Closure

2. Wound healing by secondary intention
 - Wound care (Showering/wound dressing)
 - 8 ± 2 weeks
 - Yields good functional and cosmetic results
 - Needs good patient management and compliance

Wound Closure

3. Excision followed by wound granulation and skin grafting
 - At least 2 procedures set apart by 5 days
 - Hardly possible without NPWT
 - Frequently practiced
 - Method of choice for large, complex defects

Wound Closure

3. Excision followed by wound granulation and skin grafting
 - Hardly possible without NPWT
 - Needed for wound coverage, wound granulation and graft fixation

Wound Closure

3. Excision followed by wound granulation and skin grafting

Wound Closure

3. Excision followed by wound granulation and skin grafting

Recurrences

- Definition?
- Insufficiently radical excision cause true local recurrence
- Manifestations in other areas are not recurrences

Case example

- 44years old woman, married, 2 children
- GP consultation 2 years after onset, due to pressure by older daughter
- Referred to local hospital (colostomy, suprapubic urinary catheter)
- Transferred to Plastic surgery unit (USZ)
- Reduced general condition, hb 4.7g/dl, BMI 16 kg/m²

Case example

- On admission...

Case example

- After numerous debridements

Case example

- After 2 months of surgical treatment

Case example

- After 8 months



Case example

- After 2 months of surgical treatment
- 10 surgical debridements
- 2 procedures for skin grafting
- 2 months on the burns ICU
- Interdisciplinary management



Case example

- It ain't over till its over...

Side effects

- Patient group with severe psychosocial problems
- Massive physical and psychological effects
- Loss of social integration
- Alcoholism, unemployment, familial conflicts all frequent
- Patients deserve and need treatment



In conclusion

- Establishing a board is helpful
- Dermatology first, plastic surgery second
- Interdisciplinary approach
- Radical excision
- Wound coverage as needed
- „The only way to heal is with cold steel“

