Hair removal through subcutaneous plane beyond the excision borders: A new way to prevent recurrences in hidradenitis suppurativa

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Abbreviation used:

HS: Hidradenitis suppurativa

CHALLENGE

Hidradenitis suppurativa (HS) patients often require individualized and combined medical and surgical interventions. Surgical excisions are recommended to include a wide margin (0.5-2 cm) and the entire underlying subcutaneous tissue. Patients who undergo surgical management have lasting improvement, but such wide excisions are often difficult under local anesthesia. Surgery at common sites of HS involvement poses a risk of underlying lymphatic, nerve plexus, or sphincteric injuries. Large resultant defects in the folds can rarely be primarily closed. Healing by secondary intention is delayed and poses a risk of hypergranulation, scarring, and bleeding.[1]

Studies have suggested that in HS, inflammation is directed toward the hair follicles. The disease activity tends to persist until all the hair-bearing skin is replaced with hairless scars. Thus, laser hair reduction has been found to reduce inflammatory lesions, but the effect reduces with time with hair regrowth.[2]

SOLUTION

In HS patients undergoing excision of inflamed or scarred areas, after undermining of the surrounding hair-bearing skin, a finger is insinuated, and the neighboring subcutaneous tissue is everted. After this, focused excision of the nearby hair follicles bearing fat is done through the surrounding subcutaneous plane to remove the nidus for future recurrences (Video 1, available on www.jaad.org). However, excessive fat trimming should be avoided to minimize the risk of vascular trauma. This allows for a limited excision and tension-free primary closure. Our patients have good postoperative healing with minimal scarring and markedly decreased surrounding hair density. They also have reduced disease recurrences in their available follow-ups (Fig 1 and Supplementary Fig 2, available via Mendeley at https://data.mendeley.com/datasets/jp2h5fmy92/1).

Conflicts of interest

None disclosed.

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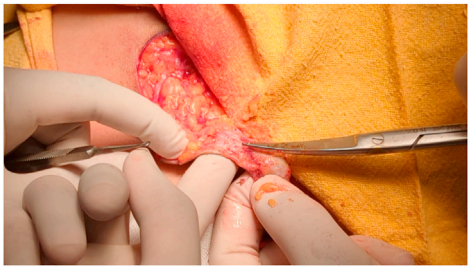

Fig 1. Intraoperative eversion of neighboring hair-bearing subcutaneous tissue via finger insinuation.

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