

LETTER TO THE EDITOR

Fast-growing mass in a patient with hidradenitis suppurativa

Dear Sirs,

We report the case of a 42-year-old man of African descent who presented to the dermatology tertiary care in 2019 for a chronic bleeding and nonhealing wound regarding the right axilla. The patient was diagnosed with hidradenitis suppurativa (HS) in 2010. The disease is characterised by multiple chronic boils and interconnected draining fistulae across the left and right axilla. He has been receiving several lines of oral antibiotics for the period between 2010 and 2016 without any improvement of the lesions, leading the patient to stop any HS medication and medical follow-up since 2016. The medical history includes pulmonary and cutaneous sarcoidosis treated by oral corticosteroids and Hepatitis B. In January 2019, the patient developed a sudden bleeding wound regarding the right axilla near the HS lesions that were not associated with an injury. The wound transformed into a pinhead-sized overgrowth covered by a raspberry-like surface and increased in size within two weeks (Figure 1). Regarding the impressive size and the spontaneous bleeding of the mass, we decided to perform a surgical excision for histological analysis to exclude a malignant transformation. After surgical excision, the histology was surprisingly not consistent with a malignant transformation but showed an acute inflammatory granulation tissue composed of neutrophils, macrophages and the presence of neovascularization compatible with the diagnosis of pyogenic granuloma (PG) secondary to chronic HS lesions. Multiples small-size pyogenic granulomas may be associated with HS and may also occur in chronic wounds. Classical forms of PG develop very slowly occasionally at fistulae openings and are clinically characterised by red and easily bleeding small-size overgrowth at the skin surface that usually does not form an impressive mass as observed in our patient. We report for the first time in our knowledge the onset of a fast-growing bleeding mass compatible with the histology of a PG.¹ Interestingly, patients treated with isotretinoin were more likely to develop

small size PG but it was not the case for our patient.^{2,3} Moreover, we wanted through the presentation of this case to also discuss the risk of malignant transformation associated with chronic HS wounds. The most severe but rare complication of HS, with a male predominance but typically presenting in the gluteal and perineal areas, is the transformation to squamous cell carcinoma secondary to chronic inflammation.⁴ In conclusion, PG is a secondary lesion that may develop occasionally at fistulae openings and is clinically characterised by red and easily bleeding small-size



FIGURE 1 Picture showing the bleeding mass and draining fistulae regarding the right axilla of the patient.

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overgrowth at the skin surface that usually does not form an impressive mass as observed in our patient. Also, if patients suffering from HS are treated with retinoids, they are more likely to develop PG. We recommend to the physicians taking care of HS patients to perform a biopsy or an excision in case of a bleeding tumour regarding a chronic wound to exclude the diagnosis of malignant transformation.

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We would like to thank the patient for giving his consent to publish his photographs.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest

DATA AVAILABILITY STATEMENT

Due to ethical restriction, data are available upon request.

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