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OBJECTIVE

To highlight an atypical presentation of Periareolar Hidradenitis Suppurativa and include this as a consideration on the differential in the setting of recurrent nodules and/or abscesses in the periareolar region.

INTRODUCTION

Hidradenitis Suppurativa (HS) is an inflammatory skin condition that typically presents with nodules, recurrent abscesses, and sinus tracts in regions with skin-to-skin contact, including the groin, axillae, and inframammary chest. Although the inframammary chest is more common, periareolar involvement can also occur.

Periareolar Hidradenitis Suppurativa can be challenging to diagnose due to its less frequent occurrence, and its overlap with other similarly presenting conditions, such as mastitis or inflammatory breast cancer. Due to some of these challenges, the patient received suboptimal procedural and medicinal interventions, leading to a recurrence in her symptoms. Therefore, we present this case to not only bring awareness to this condition, but to underscore the importance of histopathology in differentiating HS from other clinically presenting diseases.

CASE

- A 45-year-old female with a history of tobacco use presented to the emergency department for persistent periareolar swelling and erythema of bilateral breasts.
- A month earlier, the patient received an incision and drainage (I&D) and was initially responsive to antibiotics. However, she returned when her symptoms progressed to her left breast.
- Physical examination revealed bilateral periareolar induration with erythema, palpable subcutaneous nodules, and nipple inversion (**Figure 1**).
- Initial differential diagnoses included inflammatory breast cancer and bilateral mastitis. She underwent bilateral breast I&D and an incisional biopsy of the right breast. Histopathology revealed diffuse acute and chronic inflammation with multifocal abscesses and sinus tract formation, strongly indicative of Hidradenitis Suppurativa (HS).
- After a dermatology evaluation, she was discharged with an extended course of antibiotics and scheduled follow-up for further management.



A



B

Figure 1 Periareolar presentation of Hidradenitis Suppurativa. Erythema with palpable subcutaneous nodules and nipple inversion of the right breast [A]. Periareolar induration with erythema and nipple inversion of the left breast [B].

- Given the temporary symptom relief, suboptimal cosmesis, and absence of long-term benefits associated with I&D, it is generally avoided in HS treatment.
- Therefore, it is important to include Periareolar Hidradenitis Suppurativa on the differential in the setting of recurrent abscesses in this region. This can decrease the need for surgical interventions such as I&D procedures.
- Instead, an initial approach involving extended antibiotics coupled with close dermatologic follow-up, may potentially yield more favorable outcomes.

DISCUSSION

- While the pathogenesis of HS can be multifactorial, the hallmarks of HS include chronic recurrence, lesions in intertriginous areas, and possible family history.
- Because periareolar HS is possible, but still uncommon, this diagnosis was not initially considered by the medical team.
- This led to the patient receiving several I&D procedures to alleviate the acute symptoms, but the underlying cause was not treated. Histopathology strongly favored HS, ruling out other concerning clinical diseases, and guiding the treatment in the direction of extended antibiotic use until further management was conducted in an outpatient setting.

REFERENCES

1. Fahrenhorst-Jones T, Theodore JE, Dauway EL. Hidradenitis suppurativa of the breast: a diagnostic dilemma. *J Surg Case Rep.* 2023 Feb 16;2023(2):rjad045. doi: 10.1093/jscr/rjad045. PMID: 36818810; PMCID: PMC9935031.