A 38-year old African-American Woman with Hidradenitis Suppurativa Requiring Surgical Intervention

A Case Study
Swae Witherspoon
NSG 6045 Practicum II
CASE FORMULATION

Case Selection

Encounters

Insurance
SUBJECTIVE

Patient Profile:
38- year-old African American female, “Vickie”

Chief Complaint:
“I have these very painful, foul smelling boils that are draining pus.” I am really starting to feel depressed.”
OVERVIEW

• Early signs
• Pain and tendernessness
• Physical exam
• Lesion distribution
• Physical/psychological suffering
• Quality of life
Hidradenitis suppurativa is a chronic, debilitating recurrent disease involving the apocrine-bearing skin with a predilection for intertriginous areas, including genital skin (Wiseman, 2004). According to (Wiseman 2004), genetic factors, patient characteristics, hormones and infection play a role in disease expression, but a comprehensive understanding of the pathogenesis remains elicit.
HS: ETIOLOGY

- Prevalence
- Commonality
- Pathogenesis
- Predisposing Factors
SUBJECTIVE: HPI

- Clinic Visit
- Emergency Room Visits
- Symptoms
SUBJECTIVE : FAMILY/ SOCIAL HISTORY

- Father, 63: healthy
- Mother, 60: healthy

- Immediate family in good health with some history of arthritis, diabetes, cancer and hypertension.

- Single mother of two children and she lives with her boyfriend.
SUBJECTIVE: ROS

- General/Neurological: Patient denies-chills, depression, fainting, fever,
- Muscle/Joint/bone: Patient denies- pain, weakness, numbness
- Genital-Urinary: Patient denies- blood in urine, frequent urination, painful urination
- Gastro-Intestinal: Patient denies-poor appetite, constipation, diarrhea, nausea
- Cardio-Vascular: patient denies-chest pain, HBP, LBP, poor circulation, swelling of ankles
SUBJECTIVE: ROS CONT’D

- HEENT: Patient denies- blurred vision, difficulty swallowing, ear discharge, sinus problems, or vision.
- Skin: Patient denies- bruising easily hives; admits to rashes, scars, and sores that will not heal
- ALLERGIES: NKDA
OBJECTIVE: PE

- Physical Exam: General: The patient is a well-developed, well nourished black female in little to no apparent distress.
- Eyes: Conjunctiva and lids appear normal.
- ENMT: Lips, tongue, and gums appear normal.
- Lymphatic: no evidence of lymphadenopathy in neck.
OBJECTIVE : PE

- Neuro/Psych: Patient is oriented to person, place, and time and seemed interested in, although not severely depressed, slightly anxious, or agitated concerning the skin condition.

- SKIN: Large tender, painful, erythematous, fistula tracts and abscesses at the back of the scalp (neckline), behind the ear folds, axillae, and groin-crural folds. Copious amounts of weeping is noted. Hypertrophic scarring is present. Post inflammatory hyperpigmentation is present.
ASSESSMENT

• DIAGNOSIS:
  • Hidradenitis Suppurativa 705.83
  • Pruritus NOS 698.8
  • Hypertrophic Scar
  • Pigmentary Disorder 709.00

• DIFFERENTIAL DIAGNOSIS:
  • Skin Infections 684
  • Atrophy of Skin 701.3
INITIAL PLAN

- Dark discoloration will partly remain.
- Explained the cause and the disease is not curable, but controllable. It will usually and eventually go away in time for most, but will most likely return.
- Keep areas cool and dry, recommended antibacterial soaps, loose fitting clothing and weight loss.
- Emphasized the use of mild soaps, emollients.
- 70 mg kenelog injection IM.
- HS-USA (www.hs-usa.org).
- Stress management.
MEDICATIONS

- Levaquin 500 mg (disp: 30) Sig: Take one tablet daily. Refills-1.
- Clindamycin (Topical Solution) Disp: 2 bottles-120cc. Sig: Apply to affected areas of the body bid. Refills-4.
- Centany Cream. Disp: 120gm. Sig: Apply to affected areas of the body bid. Refills-3.
- Domeboro tabs or packs (Disp: # 90) Sig: Dissolve one in a pint of water and apply as a wet compress for 15 minutes three times daily (Refills-4).
- Darvocet-N 100 (Disp: 20) Sig: Take one tab by mouth every 4-6h as needed for pain.
FOLLOW-UP CARE

- Return to clinic in 4 weeks.
- Start intralesional injections at next office visit.

- 11/09/2009
- Pt returns to clinic for F/U.
CONTINUITY OF CARE

• **SUBJECTIVE:** mild to moderate change from previous visit

• **OBJECTIVE:** no change from previous visit

• **ASSESSMENT:** no change from previous assessment

• **PLAN:** Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous of subcutaneous abscess, cyst, furuncle, or paronychia); simple
Medical Treatment Plan and Prognosis:

- Same as above except:
- 4mg kenelog intralesional injections.
- Introduced the need for a surgical procedure—with the name and telephone number of surgeon.
MEDICATIONS

- Same as above except:
- Clindamycin 300mg Disp: #60 Sig: Take one tablet by mouth bid; Refills-4.
- Rifampin 300mg Disp: #60 Sig: Take one tablet by mouth bid; Refills-4.
CASE CONCLUSIONS

- Chronic Inflammation
- Depression

- **Continuity of care**: Referred to plastics, reconstructive surgeon.
QUESTIONS

• Because the research has noted HS to be a disease of recurrence, when should the advanced practice nurse refer a patient?

• Who do you think are affected more by the disease process, and when is it typically most active?
REFERENCES

REFERENCES CONT’D

• Sellheyer, K., & Krahl, D. (2005). “Hidradenitis suppurativa” is acne inversa! an appeal to (finally) abandon a misnomer. *International Journal of
REFERENCES CONT’D

- [www.jaapa.com/hidradenititis-suppurativa](http://www.jaapa.com/hidradenititis-suppurativa)