



ACNE, ROSACEA, AND RELATED DISORDERS (INCLUDING HIDRADENITIS SUPPURATIVA)

## DISSECTING CELLULITIS OF THE SCALP IN PATIENTS WITH HIDRADENITIS SUPPURATIVA RESPONDING TO ADALIMUMAB THERAPY

*J Marchetti Cautela<sup>(1)</sup> - T Deboli<sup>(1)</sup> - M Licciardello<sup>(1)</sup> - P Dapavo<sup>(1)</sup> - P Broganelli<sup>(1)</sup> - Mt Fierro<sup>(1)</sup>*

*Ospedale San Lazzaro Aou Città Della Salute E Della Scienza Università Di Torino, Sc Dermatologia U, Torino, Italy<sup>(1)</sup>*

**Background:** Dissecting cellulitis is a rare chronic inflammatory disease manifesting as multiple nodules and abscesses of the scalp interconnected via sinus tracts that can lead to scarring alopecia and keloid formation.

Dissecting cellulitis can form, in association with acne conglobata, hidradenitis suppurativa and pilonidal sinus, the so-called follicular occlusion tetrad. It is a follicular occlusion disorder that lead to follicular destruction, neutrophilic inflammatory reactions and abscess formation in the scalp area. Treatments can be disappointing and include a variety of therapies such as isotretinoin, antibiotics, zinc sulfate, local incision and drainage, intralesional triamcinolone injections, laser epilation and widespread excision.

Lately, successful treatments with tumour necrosis factor  $\alpha$  inhibitor (adalimumab) have been reported.

**Observation:** We report the use of adalimumab in 7 patients affected by dissecting cellulitis of the scalp and severe hidradenitis suppurativa. The induction dose was 160 mg at week 0, followed by 80 mg at week 2, then 40 mg from week 4 and thereafter every week. Clinical signs of inflammation as well as burden of disease were rapidly reduced.

**Key message:** Adalimumab is proved to be effective for treatment of recalcitrant dissecting cellulitis of the scalp and well tolerated. Relapses or exacerbations have not been detected and a partial re-growth of the hair has been observed.

