



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

## USE OF ADALIMUMAB IN THE TREATMENT OF A RECALCITRANT CASE OF ACNE CONGLOBATA AND HIDRADENITIS SUPPURATIVA

*Fernando Gato<sup>(1)</sup> - Olga Forero<sup>(1)</sup> - Maria Dolores Stringa<sup>(1)</sup>*

*Francisco J. Muñiz's Hospital, Dermatology, Buenos Aires, Argentina<sup>(1)</sup>*

**Background:** Hidradenitis suppurativa and acne conglobata are well-described chronic dermatologic diseases. Both at the same patient are relatively uncommon conditions.

They forms part of the follicular occlusion tetrad, along with dissecting cellulitis of the scalp and pilonidal disease, which are also characterized by chronic, recurrent inflammation with follicular occlusion. These conditions may be recalcitrant to antibiotics, retinoids, corticosteroids and other immunomodulatory agents.

Pro-inflammatory cytokines IL-1  $\beta$ , TNF- $\alpha$ , and IL-10, IL-12, IL-23 are significantly elevated in lesional HS and AC skin and correlate with the severity of the disease.

Recently, the use of biological agents against TNF alpha, such as adalimumab, have been shown to effectively reduce inflammatory lesions in HS. There are reports of cases in which infliximab, ustekinumab and anakinra have been used.

**Observation:** A 20-year-old man was referred with a 6-year history of painful, recurrent inflammatory cysts in the back, neck and chest. In armpits open comedones, nodules, fistulous trajectories, retractable scars.

The previously failed treatments included clindamycin, minocycline, isotretinoin, dapsone, trimethoprim sulfamethoxazole, and meprednisone.

Axillary ultrasound: Hurley 3 (diffuse or broad involvement, with multiple interconnected sinus tracts and abscesses).

Sartorius score: 59 (severe)

Treatment: isotretinoin 20 mg, meprednisone 10 mg, metformin 500 mg daily + adalimumab 160 mg / week 0 and then 40 mg / week, with a clear decrease in inflammatory lesions.

**Key message:** Adalimumab has already been shown to be effective in the control of inflammatory HS lesions. The similar physiopathogenesis of AC and HS would explain the good response to adalimumab in cases of recalcitrant AC.

