



## SWSC 2020 On-Demand Meeting Abstracts

### 34. SURGICAL MANAGEMENT OF ADVANCED HIDRADENITIS SUPPURATIVA VIA A ONE STAGE PROCEDURE: A SINGLE CENTER EXPERIENCE

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**Background:** Hidradenitis suppurativa (HS) is a chronic debilitating painful inflammatory condition. Routine surgical management of HS involves excision and a two-stage closure. We aimed to investigate success rates, complications and short and long outcomes of the patients who underwent an alternative one-stage closure, which included either split skin grafting or a primary closure.

**Methods:** We performed a retrospective chart review of our institution's electronic medical records between January 1, 2007 and March 31, 2018 to access all HS cases managed with a one-stage closure. Cases were subdivided into surgical repair sites that included inguinal, axillary, perineal, gluteal, truncal, and other (unspecified) regions. Successful instances of repair was (i.e. graft intake) and instances in which surgical revisions were needed were noted. Furthermore, other complications of repair such as infections, hematomas, and seroma, and the length of hospital stay were examined.

**Results:** Of 139 one-stage closures that were assessed, 104 one-stage procedures were performed with skin grafting and 35 primary closures were performed. There was 75% (78/104) successful graft intake in one-stage procedure with grafting. Commonest area to be treated with one-stage procedure is axilla with a success rate of 90.09% (40/44 cases). Success rates for inguinal, gluteal and perineal areas were 70% (21/30 cases), 53.85% (7/13 cases) and 50% (1/2 case), respectively. There were 16.34% (17/104) infection rate with one-staged procedure with grafting and only 23.53% (4/17) required readmission. Moreover, there were 1% seroma and 1% hematoma reported with one-stage procedure. The mean overall length of stay for a one-stage procedure was 4.11 days (range 1-27 days). Primary closure showed 60% (22/35) success rate without any need to progress to grafting. Of the failed primary closures, 57.14% (8/14 cases) underwent revision by grafting technique in which there was reappearance of HS, and were confined to either the axillary region or inguinal region. The remaining failures of primary closure were limited to in the gluteal region, trunk, and breast. There was a 20% (7/35 cases) infection rate with primary closure and 71.43% (5/7) required readmission. The mean length of hospital stay following primary closure was 2.82 days (range 0-8 days).

**Conclusion:** One-stage closure with primary closure or grafting appears to be a successful, cost-effective alternative to the two-stage procedure in managing HS. Future studies should be directed at comparing the success and complication rates of one-stage and two-stage procedures in order to establish the superiority of the innovative one-stage management of HS.