Introduction
Acne inversa is a chronic inflammatory skin disease of the hair follicle, which usually presents after puberty. It affects most commonly the axillae, inguinal and anogenital regions. Its impact on quality of life is significant. There is a prevalence of 0.05 - 1%. Nevertheless there is an average delay of diagnosis of 7 years. Often abscesses are incised with the result of local recurrence. Comedones and fistula comedones in intertriginous regions are a diagnostic hallmark of the disease, nodules start to confluence by the time. Final result is scar tissue with deep inflammatory and putrid parts. There are several subtypes of acne inversa: hereditary, metabolic syndrome associated, tobacco associated and syndromic subtype. A well-used classification is Hurley’s staging system.

Methods
There is an interdisciplinary approach to this disease with an explicit collaboration between dermatologists and surgeons. Abscesses can be treated by injection of steroids, rarely a supplemental limited incision might be necessary. The medical treatment follows a schematic pathway, which is a rapidly changing development: local treatment with steroids or Vitamin A (Tretinoin), eventually antibiotics, systemic steroids or TNF alpha inhibitors. Once the situation is under control, the affected skin area should be radically excised and left open for secondary wound healing. Large areas can be skin grafted. We present a case report to show an interdisciplinary treatment concept.

Discussion
There is an important effort to minimize repeated mutilating abscess drainages and to improve patients quality of life. Many pharmaceutical companies focus research in this area. Though an old disease might become a new one!

References

Case report
18-year old male patient presents after having been operated thrice for abscesses in the scrotal region in the last 5 months. The wounds are almost closed, but there are multiple fistulae and comedones and a few new nodules. We propose a medical treatment with Clobetasole ointment topically and Prednisolone 10mg orally. 2 months later one wound has healed, the others are still surrounded by comedones and fistulae without any sign of infection. Now we proceed to the excision of the remaining lesions. One month postoperatively the secondary healing is completed. As continuous basic therapy we prescribe Prednicarbate ointment and Adapalene cream twice a week. Regular check-up is hold.

Folliculitis

Acne inversa Hurley stage I-II (above), stage III (below)