

Cutaneous manifestations of generalised disease

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Many diseases have cutaneous manifestations that present in surgical practice. These include: necrobiosis lipoidica, granuloma annulare in diabetes mellitus and pyoderma gangrenosum in inflammatory bowel disease. Their management should be sought in appropriate texts.

Hyperhidrosis This involves excessive eccrine sweating of the palms, soles of the feet, axillae and groins, causing functional and social problems. Karl Lisch, 1907–1999, ophthalmologist, Wörgl, Austria.

Robert J Gorlin, 1923–2006, American dentist and Professor of Oral Pathology, published over 400 articles on craniofacial syndromes. Eldon John Gardner, 1909–1989, geneticist, The University of Utah, Salt Lake City, UT, USA, described this syndrome in 1950. John Ferguson-Smith, 1888–1978, Glaswegian dermatologist.

Hyperhidrosis - problems. It can be treated with antiperspirants or periodic local injections with botulinum toxin A. More resistant cases are treated by transthoracic endoscopic sympathectomy. **APC Lipodystrophy** Lipodystrophy (lipoatrophy) is a localised or generalised loss of fatty tissue, which can be primary or secondary. It can be a complication of long-term administration of insulin, following treatment of human immunodeficiency virus (HIV) with protease inhibitors or in transplant recipients. It can be treated in selected cases by autologous fat grafting, injections of poly-L-lactic acid and free tissue transfer. **Inflammatory conditions**

Hidradenitis suppurativa Characterised by follicular occlusion, folliculitis and secondary infection (usually with *Staphylococcus aureus* and *Propionibacterium acnes*), hidradenitis suppurativa culminates in chronic, suppurative, painful skin abscesses, sinus tracts and scarring. It affects apocrine gland-bearing skin in the axillae, groins and, less often, scalp, breast, chest and perineum (Figure 45.4). Affecting four women for every man, it has a genetic predisposition, but variable penetrance, and is strongly associated with obesity, smoking and sex hormones (it starts at puberty and often resolves at menopause).

Figure 45.4 Hidradenitis suppurativa affecting the axilla (courtesy of St John's Institute for Dermatology, London, UK).

weight. Symptoms can be reduced by the use of antiseptic soaps, tea tree oil and wearing non-compressive and aerated underwear. Medical treatments include topical and oral antibiotics and antiandrogen drugs. In selected cases, patients require radical excision of the affected skin and subcutaneous tissue. Reconstruction after excision avoids contracture and functional impairment. **Pyoderma gangrenosum** Characterised by rapid onset and painful cutaneous ulceration with purple undermined edges, pyoderma gangrenosum is secondary to heightened immunological reactivity, usually from another disease process, such as inflammatory bowel disease, rheumatoid arthritis, non-Hodgkin's lymphoma or granulomatosis with polyangiitis (Figure 45.5). Ulcers generally respond to steroids; surgery is rarely indicated and may exacerbate the condition. Cutaneous

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Revision #1

Created 2025-12-31 15:17:03 UTC by Omar Ayman

Updated 2025-12-31 15:17:03 UTC by Omar Ayman