Hey Doc! I think I’m allergic to my sweat!

Fox-Fordyce as a diagnostic challenge of hidradenitis suppurativa

Farida BENHADOU, MD, PhD 1,2,3; Valérie CHADE-TREMEAU, MD 4; Nelly YOUSSEF-PROVENCAL, MD 5; Philippe GUILLEM, MD, PhD 2,3,6

1 Department of Dermatology, Hôpital Erasme, Université Libre de Bruxelles, Belgium 2 Reso Verneuil, Paris, France 3 European Hidradenitis Suppurativa Foundation e.V, Europe 4 Dermatology, Caluire, France 5 Cypath, Villeurbanne, France 6 Department of Surgery, Clinique du Val d’Ouest, France

We report the case of a 14 years old young female patient

- No medical or familial history
- Diffuse and highly pruriginous microcysts in her armpits since she was ten.

A skin biopsy was performed:

- The histology was mainly characterized by:
  - a follicular occlusion with parakeratosis and hyperkeratosis
  - lymphocytes exocytosis with vesicles at the ostium of the apocrine sudoral duct.
- Compatible with a diagnosis of Fox-Fordyce disease

• The intense pruritis reported by the patient was resistant to topical steroids and systemic anti-histaminics
• An improvement was observed with topical tacrolimus.

Discussion

- Fox-Fordyce disease is a very rare cutaneous eruption composed of multiple and small raised yellowish or reddish papules located symmetrically in the apocrine glands bearing areas.
- The armpits are the most frequently affected area.
- The main symptom reported by patients is the intense pruritis.
- The disease is more frequently observed in women and triggering factors include the chronic use of deodorant and repeated frictions.
- The histopathology of Fox-Fordyce lesions shares common characteristics with HS lesions such poral and follicular occlusions.