

# Lithium Therapy Associated with Hidradenitis Suppurativa

Sir,

Hidradenitis suppurativa (HS) is a suppurative disease process of the apocrine sweat glands, which may be associated with draining sinuses and scar formation. Risk factors for HS include obesity, acne-prone skin, white race, age 25–45 years, and, as shown recently in this journal, possibly infection with the human papilloma virus (1, 2). I recently cared for a patient with a little-appreciated risk factor for HS, lithium therapy.

## CASE REPORT

A 47-year-old morbidly obese woman with obstructive sleep apnea, hypertension, irritable bowel syndrome, and bipolar disease presented to the clinic with bilateral axillary lesions that were painful, inflamed, and draining purulent fluid. The patient appeared fit and was afebrile. The lesions were characteristic of HS in morphology and typical location and were incised and drained. The patient stated that these lesions had been troublesome for a long while and she continued to experience recurrent acute flares of pain and swelling, necessitating incision and drainage on several occasions. She had been prescribed lithium therapy for years to control her psychiatric symptoms and refused to discontinue this drug. Her lithium level was therapeutic and repeat white blood cell counts and erythrocyte sedimentation rates were always normal. Colonoscopy showed no evidence of inflammatory bowel disease. Oral doxycycline was commenced, with satisfactory control of symptoms, without the need for drainage for several months.

## DISCUSSION

HS is usually a chronic, suppurative process that is due to obstruction of apocrine sweat gland ducts with resultant secondary bacterial infection, leading to inflammation and chronic infection (3). In addition to typically cited predispos-

ing factors as listed above, lithium therapy has been implicated in the pathogenesis of chronic HS (4). Lithium is a commonly used agent for treatment of bipolar disease and severe unipolar depression. The drug is associated with dermatologic side effects in 3–34% of cases, but HS is rarely reported. Lithium commonly exacerbates acne; however, this patient had no prior history of acne. Lithium may cause lysosomal enzyme release and enhanced polymorphonuclear cell chemotaxis, thereby contributing to the inflammation in HS, but this is not proven (4). Although a definite cause-and-effect is difficult to prove, perhaps clinicians should avoid lithium in patients with severe acne or a prior history of HS, as this disease may be difficult to control in these situations.

## REFERENCES

1. Malaguarnera M, Pontillo T, Pistone G, Succi M. Squamous-cell cancer in Verneuil's disease (hidradenitis suppurativa). *Lancet* 1996; 348: 1449.
2. Jemec GBE, Heidenheim M, Nielsen NH. A case-control study of hidradenitis suppurativa in an STD population. *Acta Derm Venereol (Stockh)* 1996; 76: 482–483.
3. Mustafa EB, Ali SD, Kurtz LH. Hidradenitis suppurativa: review of the literature and management of the axillary lesion. *J Natl Med Assoc* 1980; 72: 23743.
4. Gupta AK, Knowles SR, Gupta MA, Jaunkalns R, Shear NH. Lithium therapy associated with hidradenitis suppurativa: case report and a review of the dermatologic side effects of lithium. *J Am Acad Dermatol* 1995; 32: 382–386.

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