

Discontinuation of secretion with Clonazepam and Cigarette in a Depressed Patient with Chronic Hidradenitides Suppurativa (A Case Report)

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Abstract

Hidradenitis suppurativa (HS) is a chronic and painful skin disease. In addition, HS lesions may be associated with pus and odor, potentially leading to significant stigma. Our patient is a 33 year old single man with previous diagnosis of hidradenitis suppurativa since childhood and now is suffering from depression and anxiety. The patient mention follow clonazepam and cigarette use his discharge are declined. As role of stress and anxiety in inflammation, it is possible that benzodiazepine drug and cigarette smoking reduce inflammation and related secretion.

Keywords: Hidradenitis Suppurativa, Secretion, Depression, Anxiety.

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INTRODUCTION

Hidradenitis suppurativa (HS) is a chronic, relapsing inflammatory condition. The patient suffer from painful, inflamed nodules that progress to abscesses, sinus tracts and scarring. HS patients may experience shame and stigma associated with the characteristic HS lesions and malodor [1]. The estimated prevalence of HS is 0.14% worldwide [2]. In a meta analysis [3] in studies that considered a clinical criteria-based diagnosis of depression, the prevalence of depression was 11.9% (95% CI, 4.9%-26.2%) and in studies that used a screening instrument the prevalence was 26.8% (95% CI, 20.4%-34.5%). The prevalence of anxiety was 4.9% (95% CI, 1.7%-13.2%). HS patients had an increased risk of completed suicide [2].

CASE PRESENTATION

The patient is a 33-year-old single man from low social-economic class for whom psychiatry consult is requested by a general surgeon. The patient is a known severe hidradenitis suppurativa case since childhood that has undergone several surgical procedures but has not improved significantly. Secretions are viscous, yellow, diluted and smelly Fig 1 & 2. The mentioned secretions are exacerbated by stress and depression and are completely discontinued consuming Clonazepam and smoking. Thus, the patient smokes despite his propensity at the time of secretions' exacerbation. The patient says that he consumes no other things. Sleep disorder, depressed mood, decreased

energy and a sense of nostalgia is mentioned in the psychiatric interview. He has no death preoccupation and suicide idea. The patient is not psychotic, has no visual or auditory hallucination and has insight to his problems. He is under the treatment with 10 mg Doxepin at night and 20 mg Citalopram daily.



Fig-1: Round nodules with secretion and scars of abscess



Fig-2: Round nodules with yellow sticky secretion on scalp skin

DISCUSSION

Chronic skin disease especially Hidradenitis suppurativa have major impacts on quality of life, and the scale of depression is related to the severity of the disease [5]. The same is true for our patient, when the skin lesions intensify in terms of size, pus and unpleasant odor, the severity of the patient's depression also intensifies.

The severity of the disease is related to the patient's weight as well as smoking habits [6]. In our patient, there was no change in weight, and in the case of smoking, our patient mentions that smoking reduces the severity of the lesions, which of course can be the patient's perception. At the same time, because smoking may reduce stress, the patient may feel better about smoking.

Benzodiazepine use can decrease inflammation [4] therefore it can cause decline of secretion but it is nearly impossible for a dramatically response .On the other hand cigarette smoking can increase secretion by inducing inflammation .Our patient explained that its secretion was decelerated by smoking. We think that he had cognitive error and misperception about this subject. In fact discharge wasn't declined but patient's feeling and perception was being changed.

CONCLUSION

Cases in the field of Hidradenitis suppurativa and psychological issues are rarely reported, which may be due to less diagnosis of this disease or lack of special

attention to the psychological issues of this disease. But what we have found is that stress, anxiety and depression play a major role in exacerbating the disease and it also causes severe disruption of social activities and quality of life.

As role of stress and anxiety in inflammation, it is possible that benzodiazepine drug and cigarette smoking reduce inflammation and related secretion. It suggest to dermatologist to notification about psychological issue in all dermatological patients.

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