Multiple Recurrent Abscesses on the Face and Buttocks of a 21-Year-Old Man

A 21-year-old man presented with gluteal swelling and multiple abscesses with yellow suppurative discharge. He had recently been discharged from our hospital after having been hospitalized for hydradenitis suppurativa of the gluteus area due to *Proteus vulgaris*; 3 years earlier, he had been hospitalized for the same condition due to *Proteus mirabilis*. At current admission, the patient was receiving moxifloxacin (400 mg per day) for skin infections. A physical examination revealed normal vital signs and no fever or chills; multiple healed scars on the face (figure 1) and draining ulcers in the bilateral gluteus
regions (figure 2) were present. Chest radiograph findings were abnormal (figure 3). Laboratory test results showed marked leukocytosis (WBC count, 22,100 cells/µL), anemia (hemoglobin level, 7.8 mmol/L; hematocrit, 24.5%), and thrombocytosis (770 × 10⁹ platelets/L). The patient’s IgE level was 675 U/L (normal value, <120 U/L). The patient received a blood transfusion on hospital day 2. Treatment with intravenous tigecycline (50 mg administered every 12 h) and aztreonam (1 g administered every 8 h) was started. Cultures of blood samples obtained on hospital day 1 showed no growth. A culture of a wound swab sample obtained on hospital day 1 was positive for *Staphylococcus aureus*. After some initial improvement, the patient’s WBC count increased on day 6 to 20.7 cells/µL. Intravenous vancomycin (750 mg administered every 12 h) and piperacillin-tazobactam were added to the treatment regimen. On hospital day 7, purulent drainage had resolved, and the patient’s WBC count had decreased to 16.4 cells/µL. Infectious disease and plastic surgery specialists strongly recommended extensive debridement and excision of the affected areas. The patient was discharged from the hospital with a treatment regimen of moxifloxacin (400 mg per day) and doxycycline (100 mg every 12 h) and was advised to attend a follow-up appointment at the surgery clinic.

What is your diagnosis?