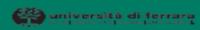


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## ACNE FERRARA 2017 14° MEETING di AGGIORNAMENTO su ACNE e DERMATOSI CORRELATE

FERRARA, 24-25 NOVEMBRE 2017  
FERRARA FIERE CONGRESSI

### FOCUS SU IDROSADENITE SUPPURATIVA Aspetti microbiologici

Marco Libanore

Unità Operativa Complessa Malattie Infettive  
Azienda Ospedaliera Universitaria Ferrara

## Genetic predisposition

inactivating mutations in  $\gamma$ -secretase subunits  
→ aberrant Notch signalling

## Environmental factors

obesity, smoking

suppresses Notch signalling  
promotes follicular occlusion  
pro-inflammatory response  
↓ AMP production

**SUBCLINICAL**

exaggerated immune response  
to commensal microbiota

aberrant AMP production by  
keratinocytes/cytokine  
production

primary influx of immune cells  
epidermal hyperplasia/infundibular  
keratosis

deficient Notch  
signalling –  
keratin enriched  
epidermal cysts

**CLINICAL**

follicular occlusion/cyst  
formation

rupture and release of keratin  
fibres into dermis

immune response induced  
in response to keratin fibres  
and/or commensal bacterial

inflammasome activation  
TNF- $\alpha$ , IL-10,  
IL-17, IL-23,  
IL-22, IL-20

IL-1 $\beta$

disease  
propagation

failure to clear keratin fibres → chronic  
inflammation

AMP

IL-22

IL-10

Deficient  
Notch  
signalling

# PATHOGENESIS



**ADDOI**  
associazione dermatologi ospedalieri italiani

Clinics Review Articles

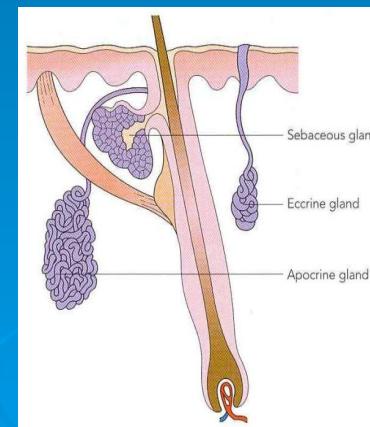
DERMATOLOGIC CLINICS

Hidradenitis Suppurativa

EDITOR  
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JANUARY 2016

G. Kelly, Errol P. Prens.  
*Dermatol Clin* 2016; 34:  
51-58



# Microbiologia

- **Contaminante ?**
- **Colonizzante ?**
- **Patogeno ?**

# Patogeno

GIORNALE ITALIANO DI CHEMIOTERAPIA 1998; 45:221-223

## *Infezioni invasive da streptococco beta-emolitico di gruppo A: aspetti epidemiologici, clinici e terapeutici*

M. LIBANORE<sup>1</sup>, M.R. ROSSI<sup>2</sup>, F. PEDNA<sup>2</sup>, R. BICOCCHI<sup>1</sup>, P.M. ANTONIOLI<sup>3</sup>,  
G. OREFICI<sup>4</sup>, F. GHINELLI<sup>1</sup>

<sup>1</sup>Unità Operativa di Malattie Infettive

<sup>2</sup>Unità Operativa di Microbiologia Clinica

<sup>3</sup>Direzione Sanitaria; Azienda Ospedaliera "Arcispedale S. Anna", Ferrara

<sup>4</sup>Laboratorio di Batteriologia e Micologia Medica, Istituto Superiore di Sanità, Roma

## II dilemma

The role of bacteria remains controversial. HS is not considered to be primarily an infectious disease. A variety of Gram-positive and Gram-negative bacteria have been isolated from the lesions sporadically, including *Staphylococcus aureus*, *Peptostreptococcus* spp., *Propionibacterium acnes*, *Escherichia coli*, *Proteus mirabilis* and *Klebsiella* spp. [27]. However, the clinical relevance of these findings in HS remains unclear: negative cultures from the surface of HS lesions are not uncommon; there is a variety of isolated organisms; infectious complications, such as cellulitis, are rare, and regional lymph nodes remain almost invariably uninvolved [27–30].

## **Microbial Profile and Antimicrobial Susceptibility of Bacteria Found in Inflammatory Hidradenitis Suppurativa Lesions**

Schapoor Hessam<sup>a</sup> Michael Sand<sup>a</sup> Dimitrios Georgas<sup>c</sup> Agnes Anders<sup>b</sup>

Falk G. Bechara<sup>a</sup>

<sup>a</sup>Department of Dermatology, Venereology and Allergology, and <sup>b</sup>Department of Medical Microbiology, National Reference Centre for Multidrug-Resistant Gram-Negative Bacteria, Ruhr University Bochum, Bochum, and

<sup>c</sup>Department of Dermatology, Venereology and Allergology, HELIOS St.Johannes-Hospital, Duisburg, Germany

**Table 1.** Patient characteristics and characteristics of microbiological samples obtained from deep portions of inflammatory lesions of patients with HS

Patients included	113
Gender	
Male	57 (50.4)
Female	56 (49.5)
Age, years	42 (27.8–50)
Smoking	88 (77.9)
Hurley stage	
II	66 (58.4)
III	47 (41.6)
Pre-treatment	
Topical antibiotics	33 (29.2)
Systemic antibiotics	90 (79.6)
Microbiological samples	
Microbiological samples	113
Positive bacteriology	95 (84.1)
Isolates per sample	2 (1–2)
Range	1–5
Polymicrobial (isolates n >1)	51 (45.1)
Obtained from	
Axilla	54 (47.7)
Groin	44 (38.9)
Gluteus/perineum	15 (13.2)

Values are n (%) or median (IQR), as appropriate.

Bacterial isolates	Total, n (%)
CoNS	34 (19.9)
<i>Staphylococcus epidermidis</i>	9 (5.3)
<i>Staphylococcus lugdunensis</i>	7 (4.1)
<i>Staphylococcus haemolyticus</i>	3 (1.8)
Other CoNS	15 (8.8)
<i>S. aureus</i>	22 (12.9)
<i>P. mirabilis</i>	19 (11.1)
<i>E. coli</i>	17 (9.9)
<i>Corynebacterium</i> spp.	11 (6.4)
<i>Enterococcus</i> spp.	11 (6.4)
Viridans streptococci	10 (5.8)
<i>Streptococcus anginosus</i>	5 (2.9)
<i>Streptococcus constellatus</i>	2 (1.2)
Other viridans streptococci	3 (1.8)
<i>Streptococcus agalactiae</i>	7 (4.1)
<i>Streptococcus dysgalactiae</i> subsp. <i>equisimilis</i>	5 (2.9)
<i>Klebsiella pneumoniae</i>	5 (2.9)
<i>Prevotella</i> spp.	4 (2.3)
<i>Enterobacter cloacae</i>	4 (2.3)
<i>Porphyromonas</i> spp.	3 (1.8)
<i>Fusobacterium</i> spp.	3 (1.8)
<i>Bacteroides fragilis</i>	3 (1.8)
<i>Finegoldia magna</i>	3 (1.8)
<i>Pseudomonas oryzihabitans</i>	3 (1.8)
<i>Citrobacter</i> spp.	2 (1.2)
<i>Peptostreptococcus</i> spp.	2 (1.2)
<i>Acinetobacter</i> genomospecies 3	1 (0.6)
<i>Lactobacillus</i> spp.	1 (0.6)
<i>Moroanella meroanii</i>	1 (0.6)

# Aerobic and Anaerobic Bacteriology of Hidradenitis Suppurativa: A Study of 22 Cases

Alexandros C. Katoulis<sup>a</sup> Dimitra Koumaki<sup>a</sup> Aikaterini I. Liakou<sup>a</sup>  
Georgia Vrioni<sup>b</sup> Vasiliki Koumaki<sup>b</sup> Dimitra Kontogiorgi<sup>a</sup> Korina Tzima<sup>a</sup>  
Athanasios Tsakris<sup>b</sup> Dimitris Rigopoulos<sup>a</sup>

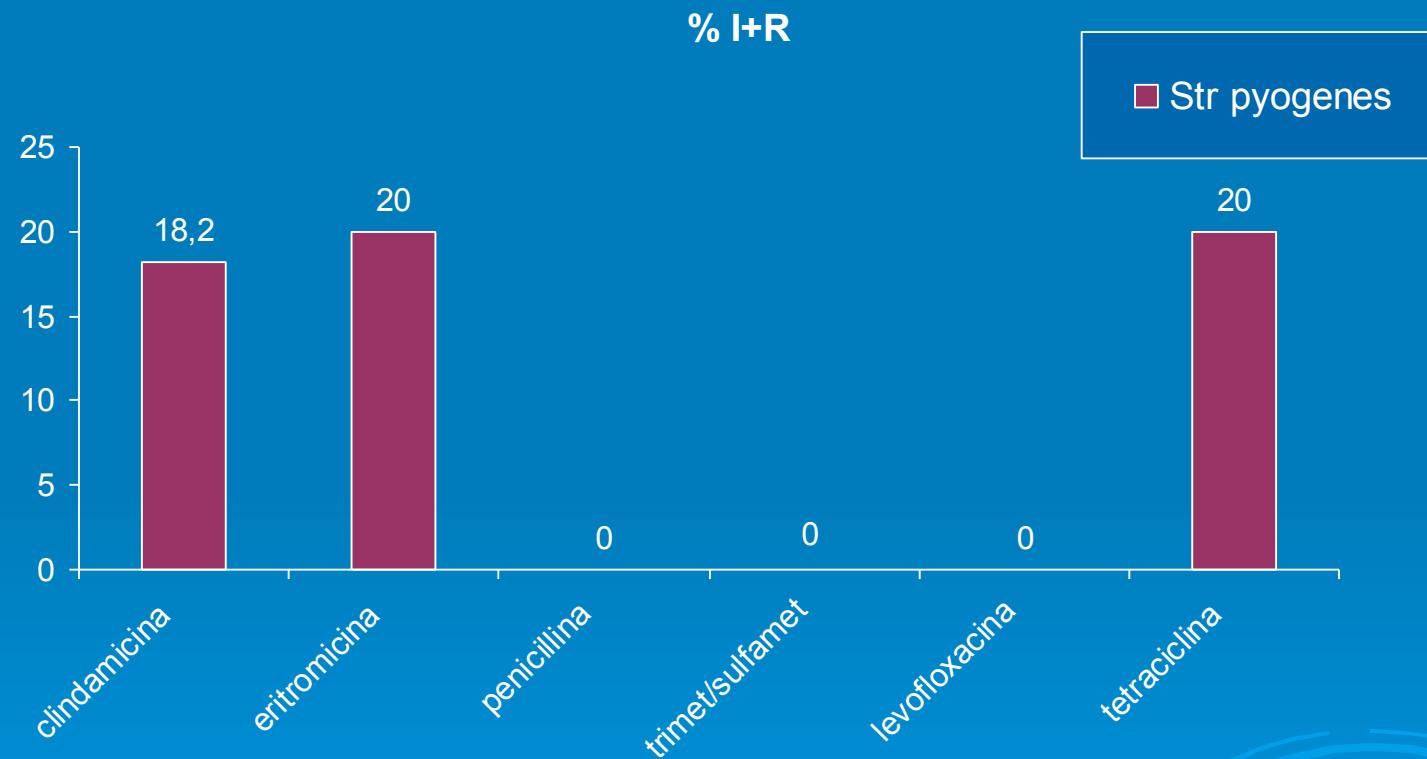
<sup>a</sup>Second Department of Dermatology and Venereology, 'Attikon' Hospital, and <sup>b</sup>Department of Microbiology,  
National and Kapodistrian University of Athens Medical School, Athens, Greece

**Table 2.** Microbiological findings of 22 HS patients

Patient No.	Aerobes	Anaerobes
1	<i>S. haemolyticus</i>	
2	No isolation	
3	<i>S. lugdunensis</i>	
4	<i>S. haemolyticus</i>	
5	No isolation	
6	No isolation	
7		<i>D. nishinomiyaensis/K. sedentarius</i>
8	No isolation	
9	No isolation	
10	<i>P. mirabilis</i>	
11	<i>E. coli</i>	
12	<i>S. lugdunensis</i>	
13	<i>P. aeruginosa</i>	
14	<i>P. mirabilis</i>	
15	No isolation	
16	<i>P. mirabilis</i>	
17	<i>S. aureus</i>	
18	<i>S. haemolyticus</i>	
19	<i>P. mirabilis</i>	
20	<i>Pseudomonas fluorescens</i>	
21	<i>S. epidermidis</i>	<i>P. granulosum</i>
22	No isolation	

# Streptococco pyogenes

n. ceppi  
11



**Microrganismi isolati da PUS, CUTE E TESSUTI MOLLI**  
**Gennaio-Ottobre 2017**  
**Emilia Orientale**

Microrganismo	Ospedalizzati	Ambulatoriali	totale	%
<b><i>Enterobatteri</i></b>	<b>269</b>	<b>150</b>	<b>419</b>	<b>31,1</b>
<b><i>Pseudomonas</i></b>	<b>96</b>	<b>54</b>	<b>150</b>	<b>11,1</b>
<b><i>Acinetobacter</i></b>	<b>19</b>	<b>9</b>	<b>28</b>	<b>2,1</b>
<b><i>Enterococchi</i></b>	<b>75</b>	<b>26</b>	<b>101</b>	<b>7,5</b>
<b><i>Stafilococchi</i></b>	<b>214</b>	<b>176</b>	<b>390</b>	<b>29,0</b>
<b><i>Streptococchi</i></b>	<b>50</b>	<b>32</b>	<b>82</b>	<b>6,1</b>
<b><i>Miceti</i></b>	<b>47</b>	<b>16</b>	<b>63</b>	<b>4,7</b>
<b><i>Altri</i></b>	<b>68</b>	<b>46</b>	<b>114</b>	<b>8,5</b>
<b><i>Totale</i></b>	<b>838</b>	<b>509</b>	<b>1347</b>	<b>100</b>

# Microrganismi isolati da CUTE

Microrganismo	Ospedalizzati	Ambulatoriali	totale	%
<b><i>Enterobatteri</i></b>	<b>64</b>	<b>71</b>	<b>135</b>	<b>34,9</b>
<b><i>Pseudomonas</i></b>	<b>27</b>	<b>23</b>	<b>50</b>	<b>12,9</b>
<b><i>Acinetobacter</i></b>	<b>3</b>	<b>4</b>	<b>7</b>	<b>1,8</b>
<b><i>Enterococchi</i></b>	<b>16</b>	<b>9</b>	<b>25</b>	<b>6,5</b>
<b><i>Stafilococchi</i></b> <b>( <i>S. aureus</i>)</b>	<b>52</b> <b>(41)</b>	<b>65</b> <b>(40)</b>	<b>117</b> <b>(81)</b>	<b>30,2</b> <b>(11,8)</b>
<b><i>Streptococchi</i></b>	<b>8</b>	<b>9</b>	<b>17</b>	<b>4,4</b>
<b><i>Miceti</i></b>	<b>15</b>	<b>9</b>	<b>24</b>	<b>6,2</b>
<b><i>Altri</i></b>	<b>8</b>	<b>4</b>	<b>12</b>	<b>3,1</b>
<b>Totali</b>	<b>193</b>	<b>194</b>	<b>387</b>	<b>100</b>

# Microrganismi isolati da PUS

Microrganismo	Ospedalizzati	Ambulatoriali	totale	%
<b>Enterobatteri</b>	<b>63</b>	<b>34</b>	<b>97</b>	<b>24,9</b>
<b>Pseudomonas</b>	<b>20</b>	<b>9</b>	<b>29</b>	<b>7,5</b>
<b>Acinetobacter</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0,5</b>
<b>Enterococchi</b>	<b>18</b>	<b>9</b>	<b>27</b>	<b>6,9</b>
<b>Stafilococchi (S. aureus)</b>	<b>78</b> <b>(45)</b>	<b>62</b> <b>(25)</b>	<b>140</b> <b>(70)</b>	<b>36</b> <b>(18)</b>
<b>Streptococchi</b>	<b>24</b>	<b>10</b>	<b>34</b>	<b>8,7</b>
<b>Miceti</b>	<b>7</b>	<b>6</b>	<b>13</b>	<b>3,3</b>
<b>Altri</b>	<b>31</b>	<b>25</b>	<b>56</b>	<b>14,4</b>
<b>Totale</b>	<b>242</b>	<b>156</b>	<b>398</b>	<b>100</b>

# Microrganismi isolati da FERITE

Microrganismo	Ospedalizzati	Ambulatoriali	totale	%
<i>Enterobatteri</i>	142	45	187	33,2
<i>Pseudomonas</i>	49	22	71	12,6
<i>Acinetobacter</i>	15	4	19	3,4
<i>Enterococchi</i>	41	8	49	8,7
<i>Stafilococchi</i> ( <i>S. aureus</i> )	85 (59)	49 (40)	134 (99)	23,8 (17,6)
<i>Streptococchi</i>	16	13	29	5,2
<i>Miceti</i>	25	1	26	4,6
<i>Altri</i>	31	17	48	8,5
<b>Totale</b>	<b>404</b>	<b>159</b>	<b>563</b>	<b>100</b>

## Patogeni prevalenti

microrganismo	paz.ospedalizzati	paz ambulatoriali	totale
<i>E.coli</i>	93	47	140*
<i>K.pneumoniae</i>	27	11	38*
<i>P. mirabilis</i>	42	53	95*
<i>Ps aeruginosa</i>	92	52	144
<i>Staf. aureo</i>	145	128	273
<i>Str.pyogenes</i>	4	7	11
<b>Totale</b>	<b>403</b>	<b>298</b>	<b>701</b>

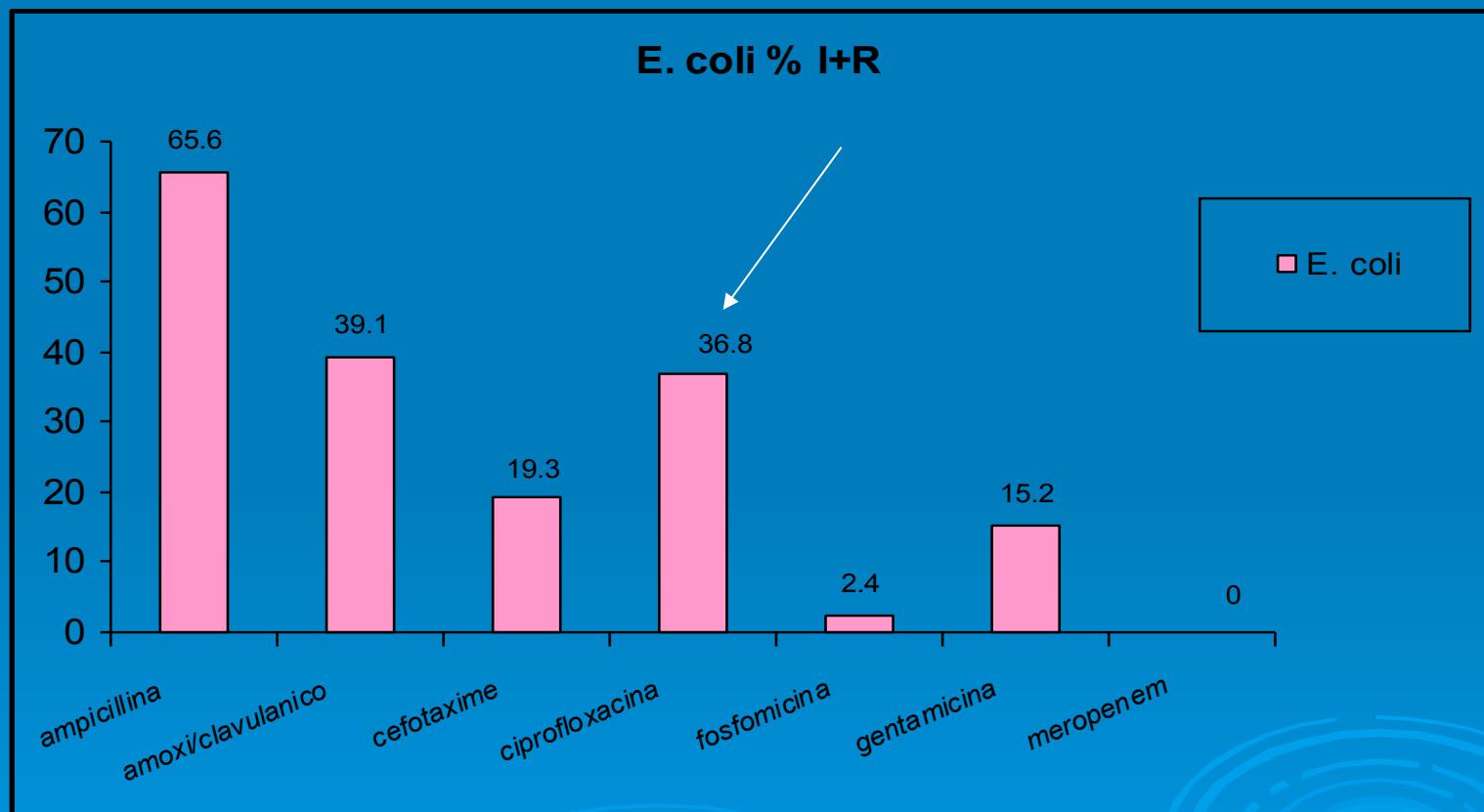
**273 = 65,1 % del totale  
degli enterobatteri \***

# Antibiotico-resistenza

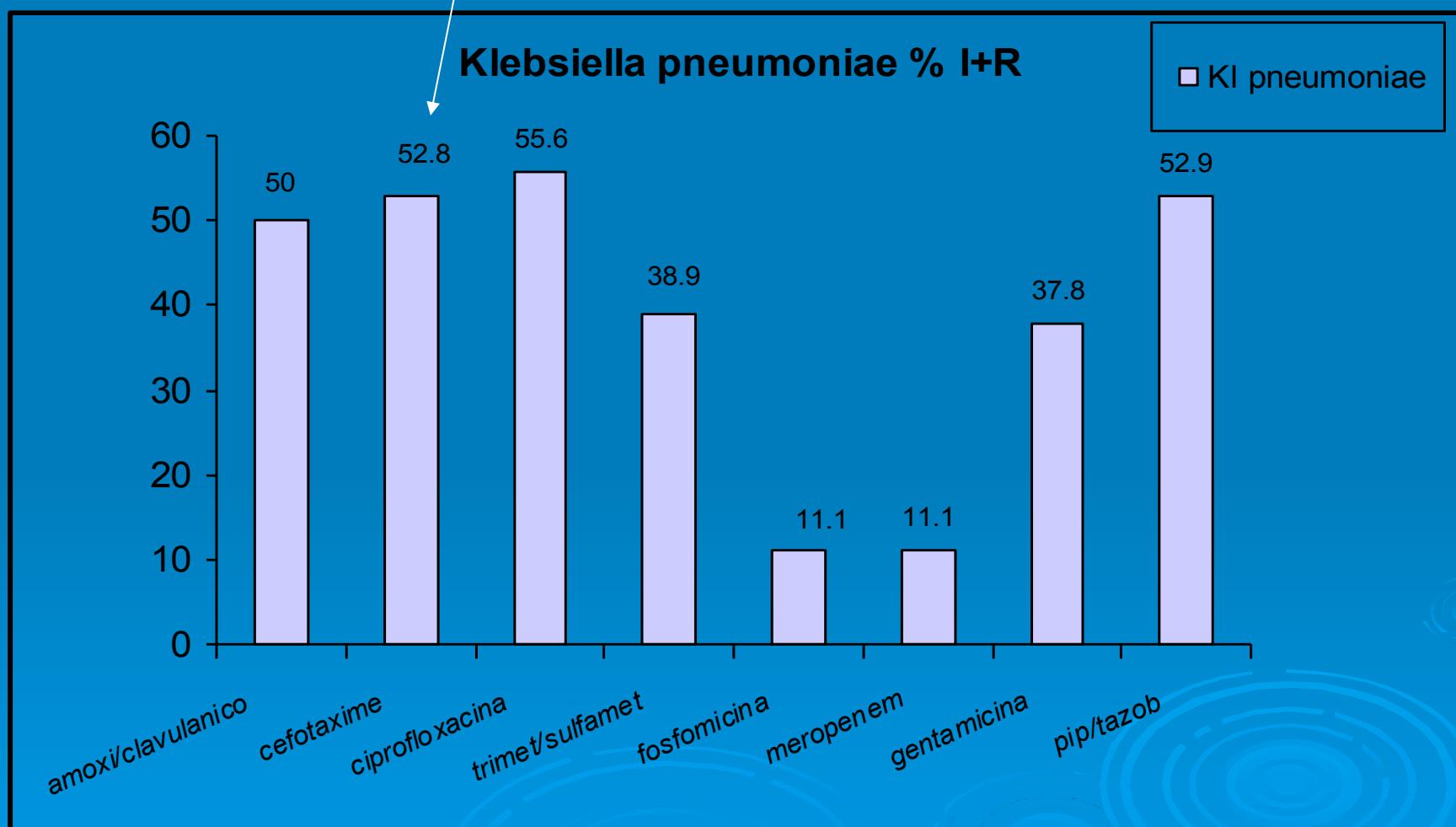
E.COLI  
KLEBSIELLA  
PROTEUS MIRABILIS  
PS.AERUGINOSA  
STAF. AUREO  
STR. PYOGENES

n. ceppi  
128

# E. Coli

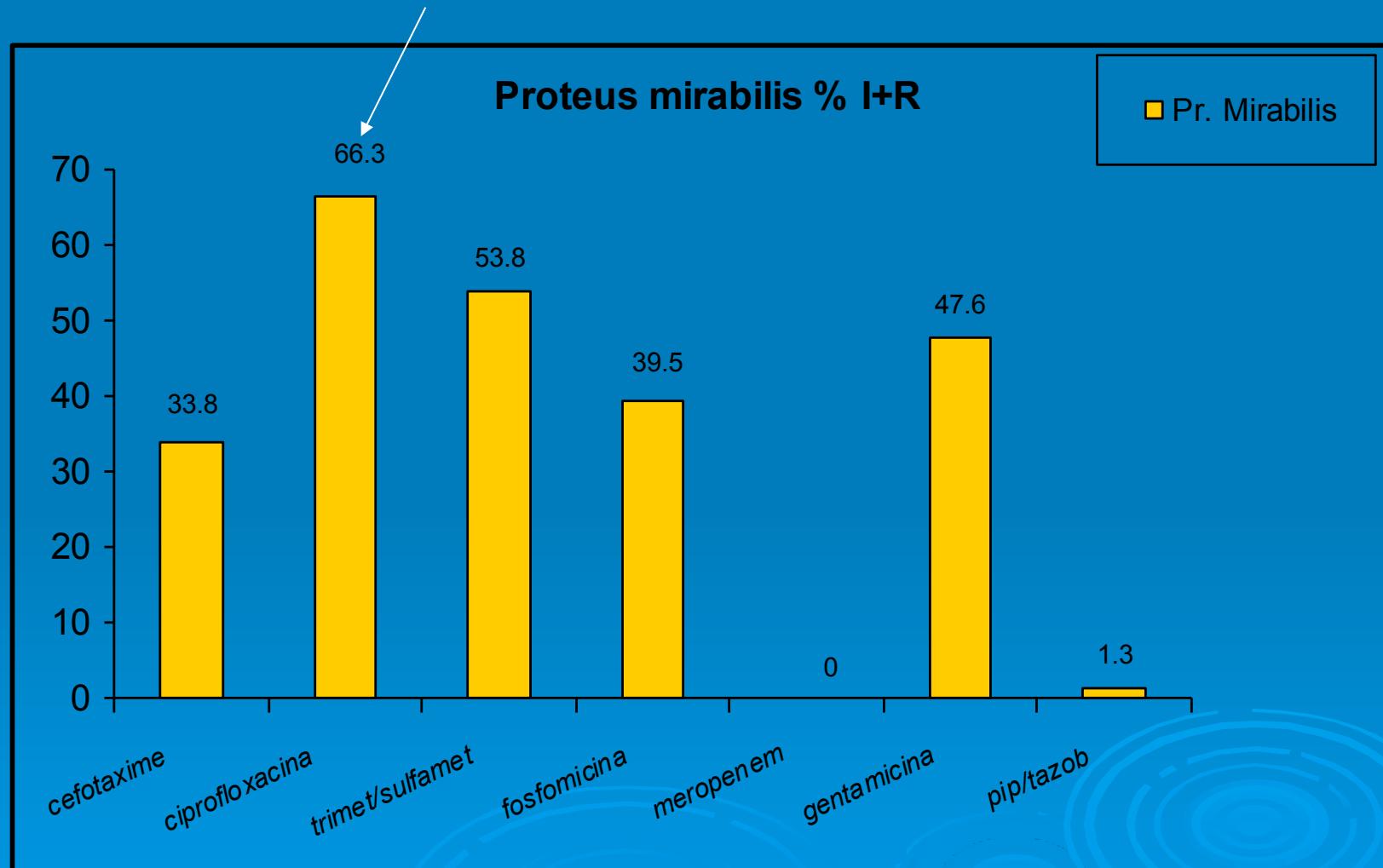


# Klebsiella pneumoniae



n. ceppi  
81

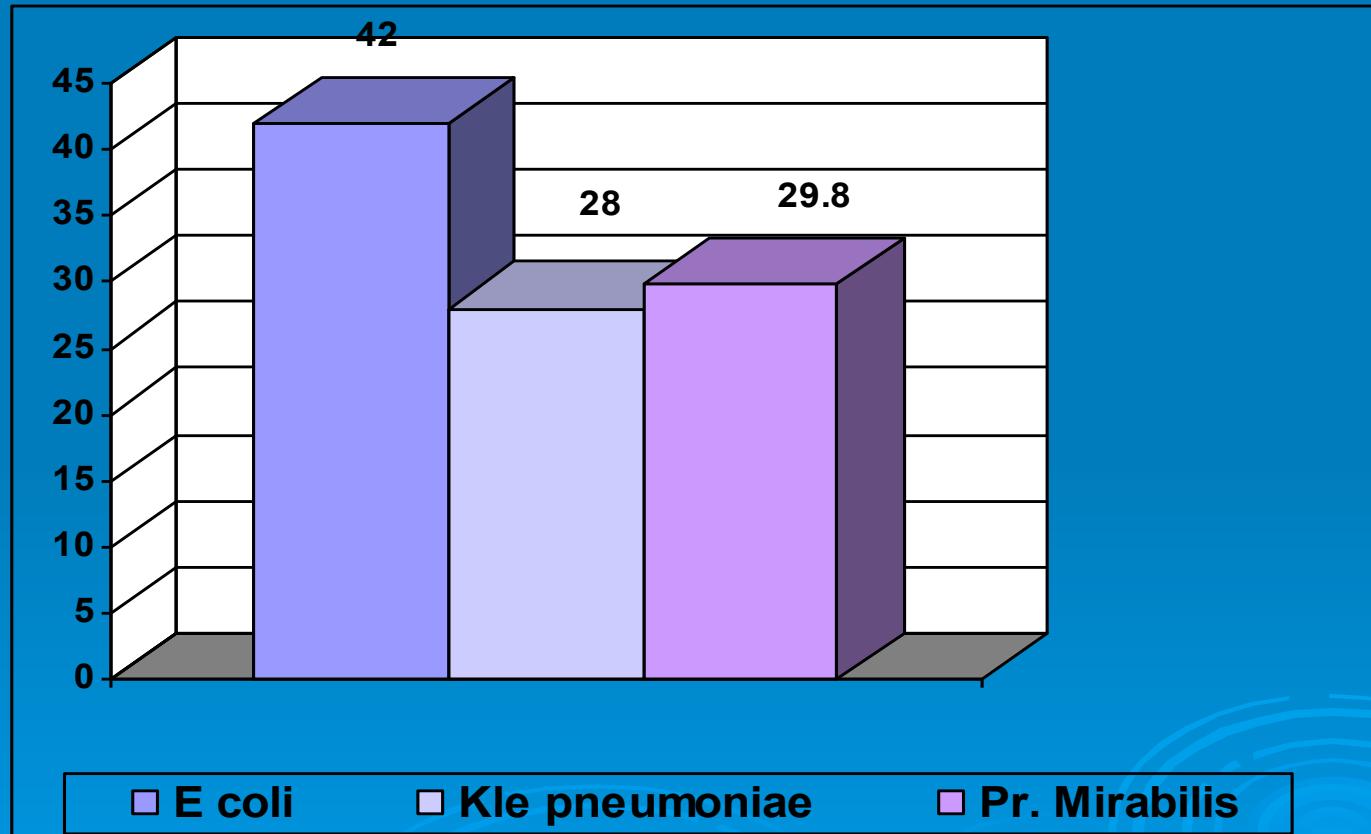
# Proteus mirabilis



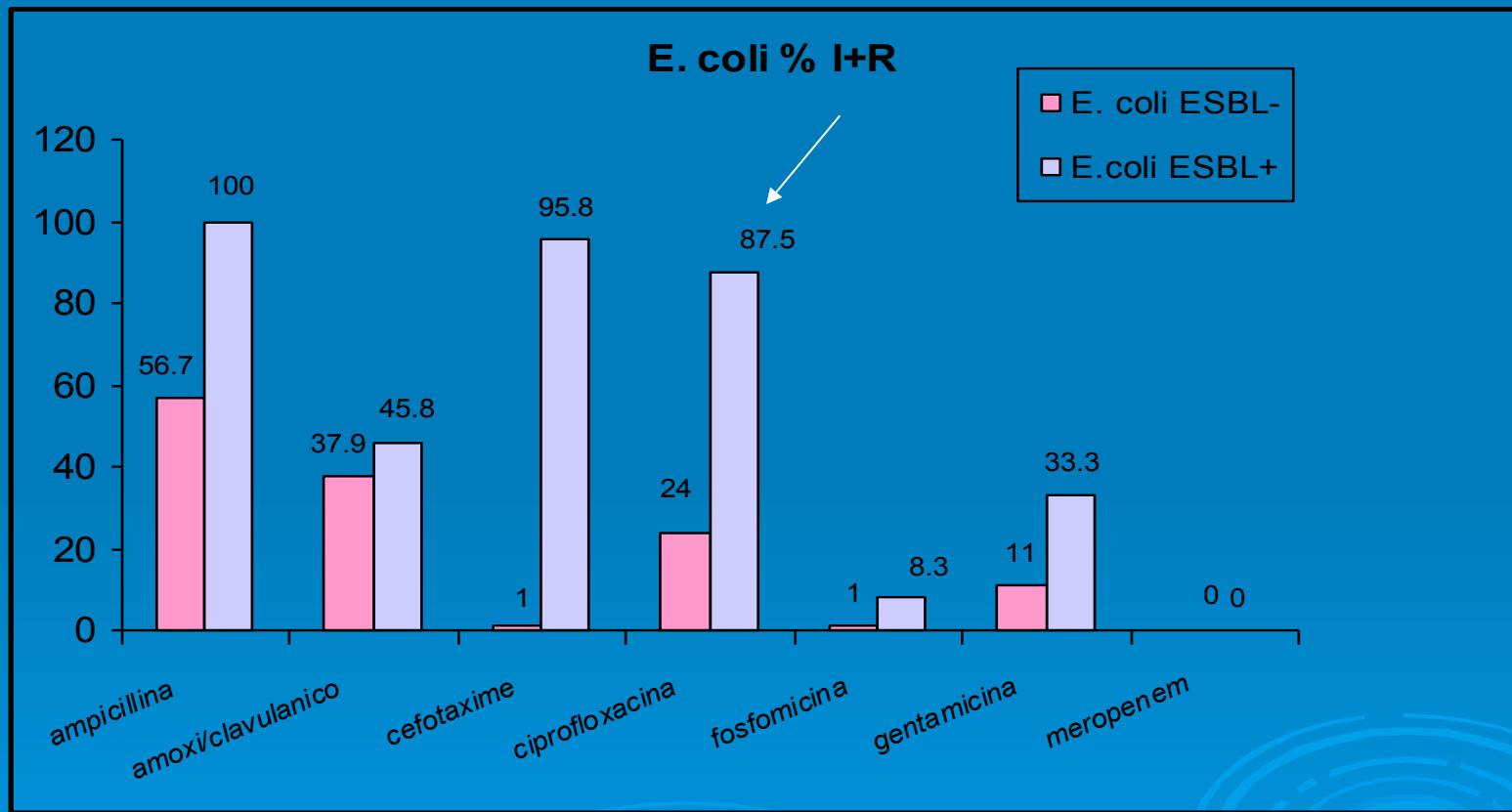
## Enterobatteri produttori ESBL +

microrganismo	Tot ceppi	ESBL +	%
<b><i>E.coli</i></b>	<b>128</b>	<b>24</b>	<b>18.7</b>
<b><i>K. pneumoniae</i></b>	<b>37</b>	<b>16</b>	<b>43.2</b>
<b><i>P. mirabilis</i></b>	<b>81</b>	<b>17</b>	<b>20.9</b>
<b><i>Totale</i></b>	<b>246</b>	<b>57</b>	<b>23.1</b>

## % Enterobatteri produttori di ESBL sul totale di ESBL +

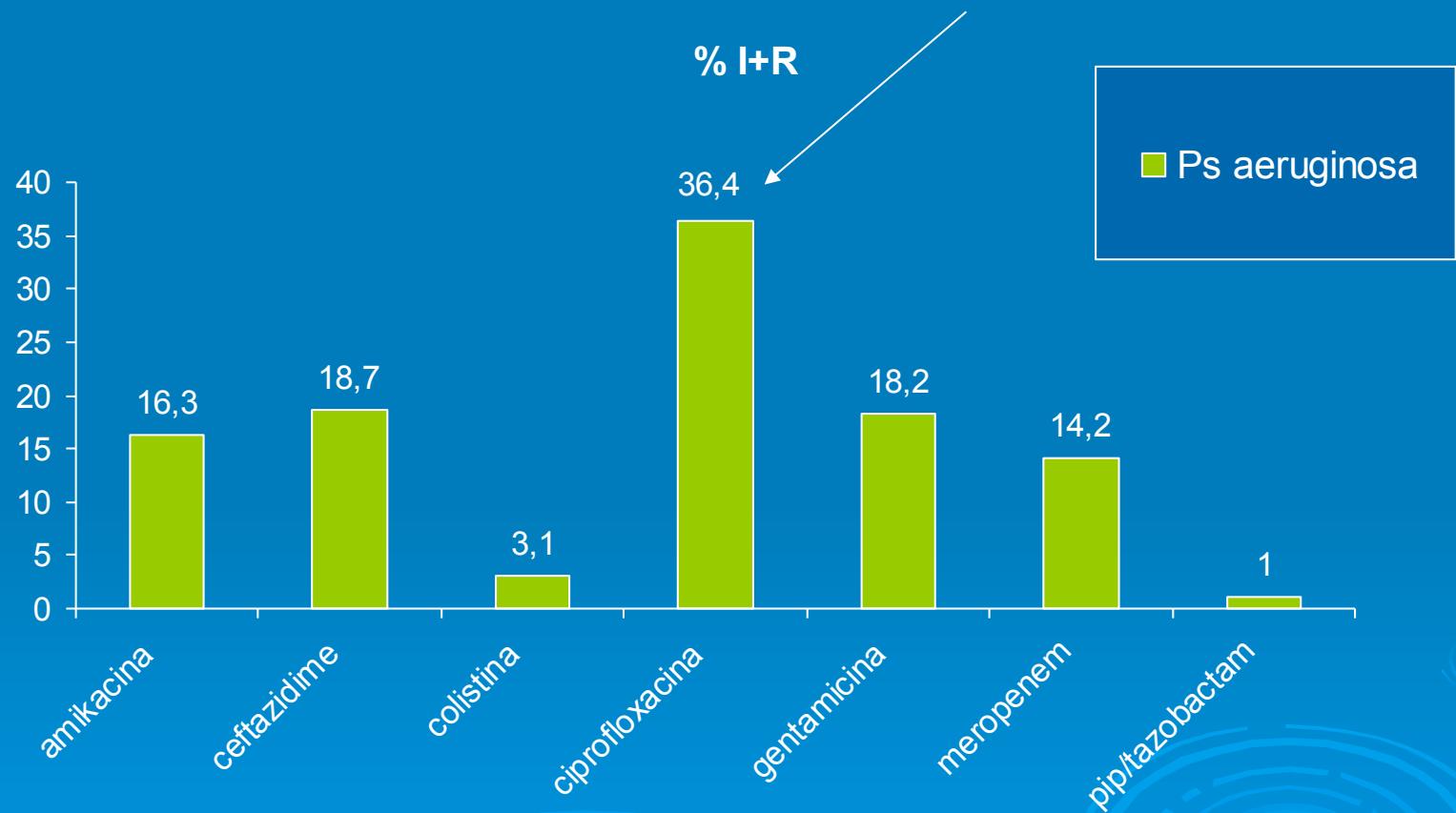


## E.coli ESBL + e ESBL negativi % I+R



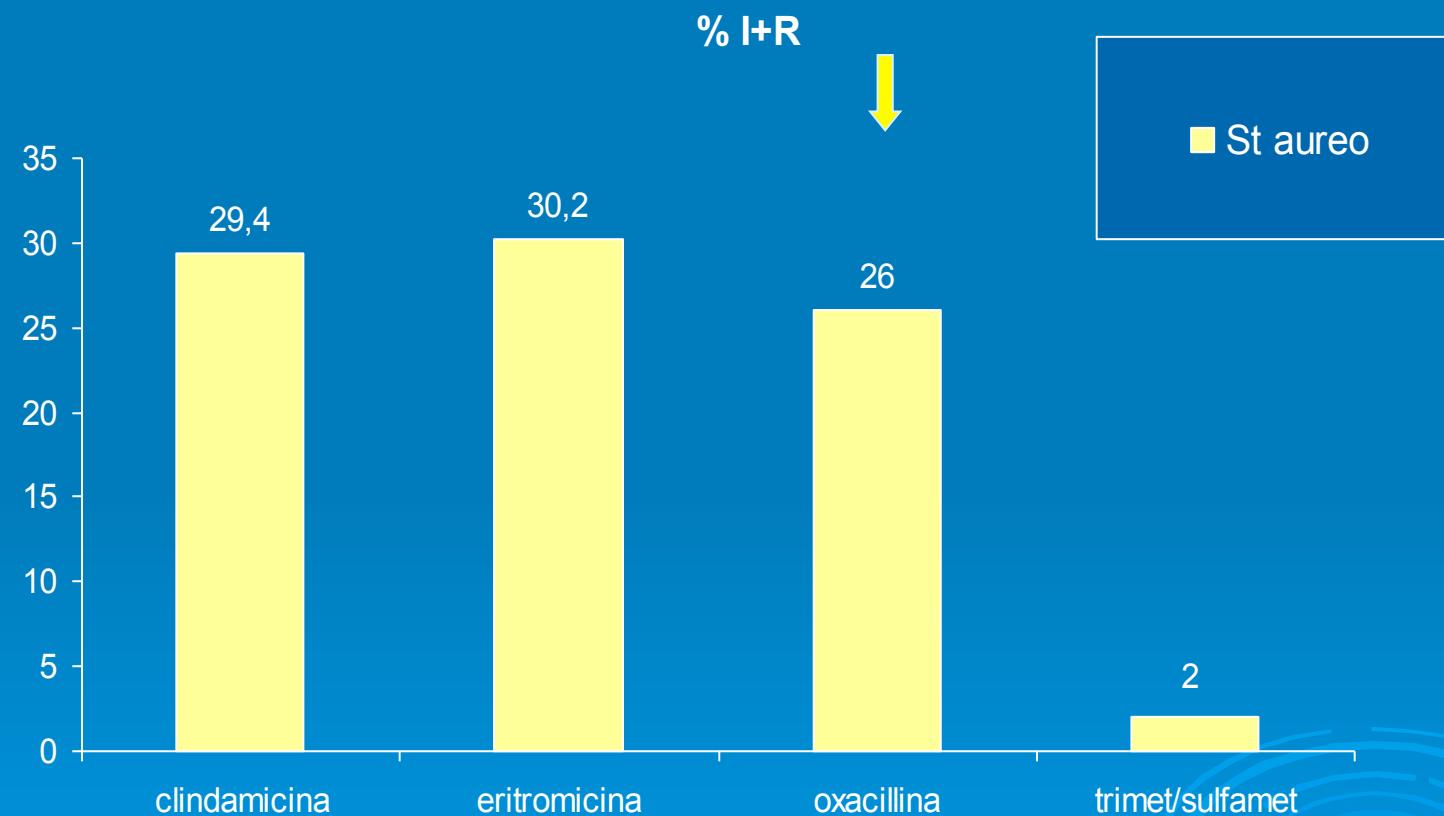
# Pseudomonas aeruginosa

n. ceppi  
135

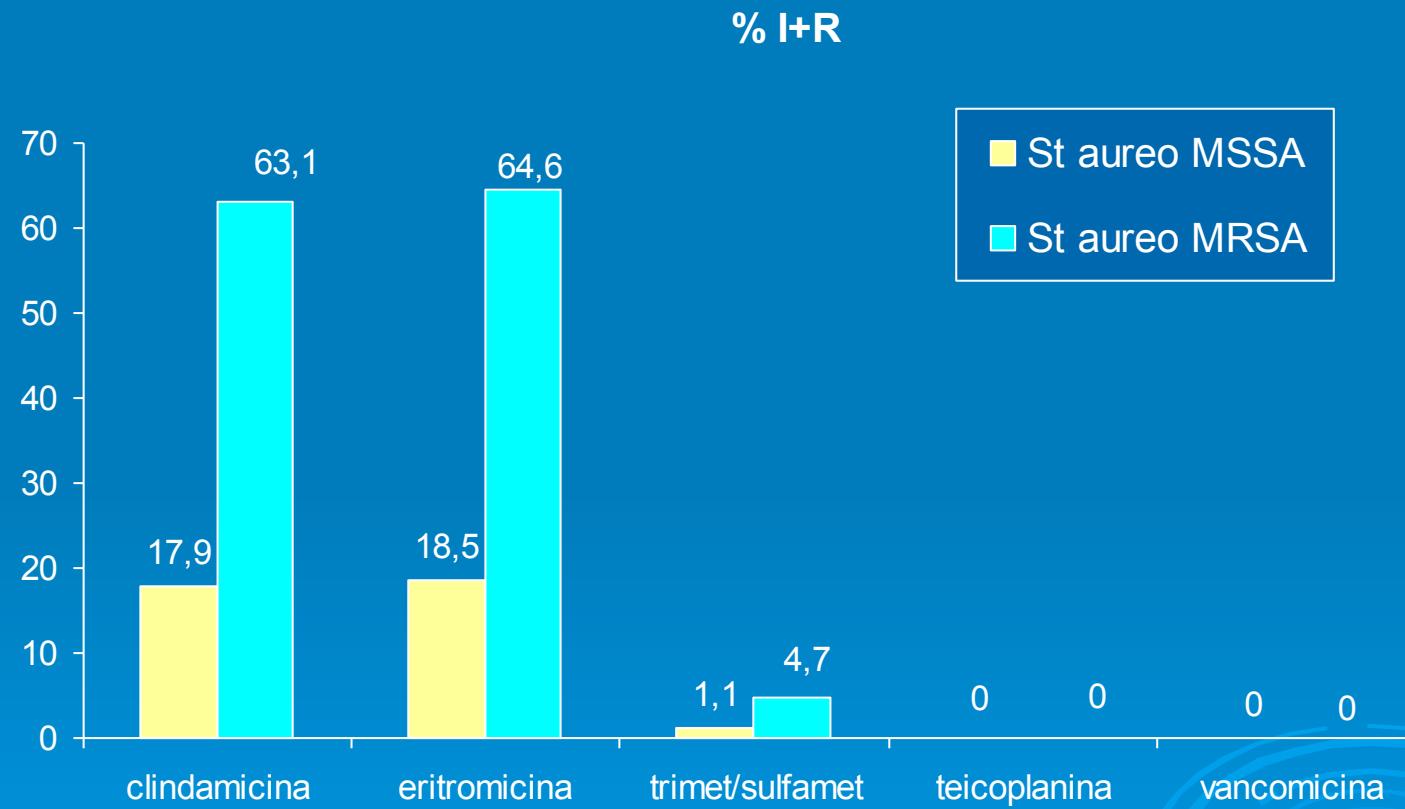


# **Stafilococco aureo**

n. ceppi  
248

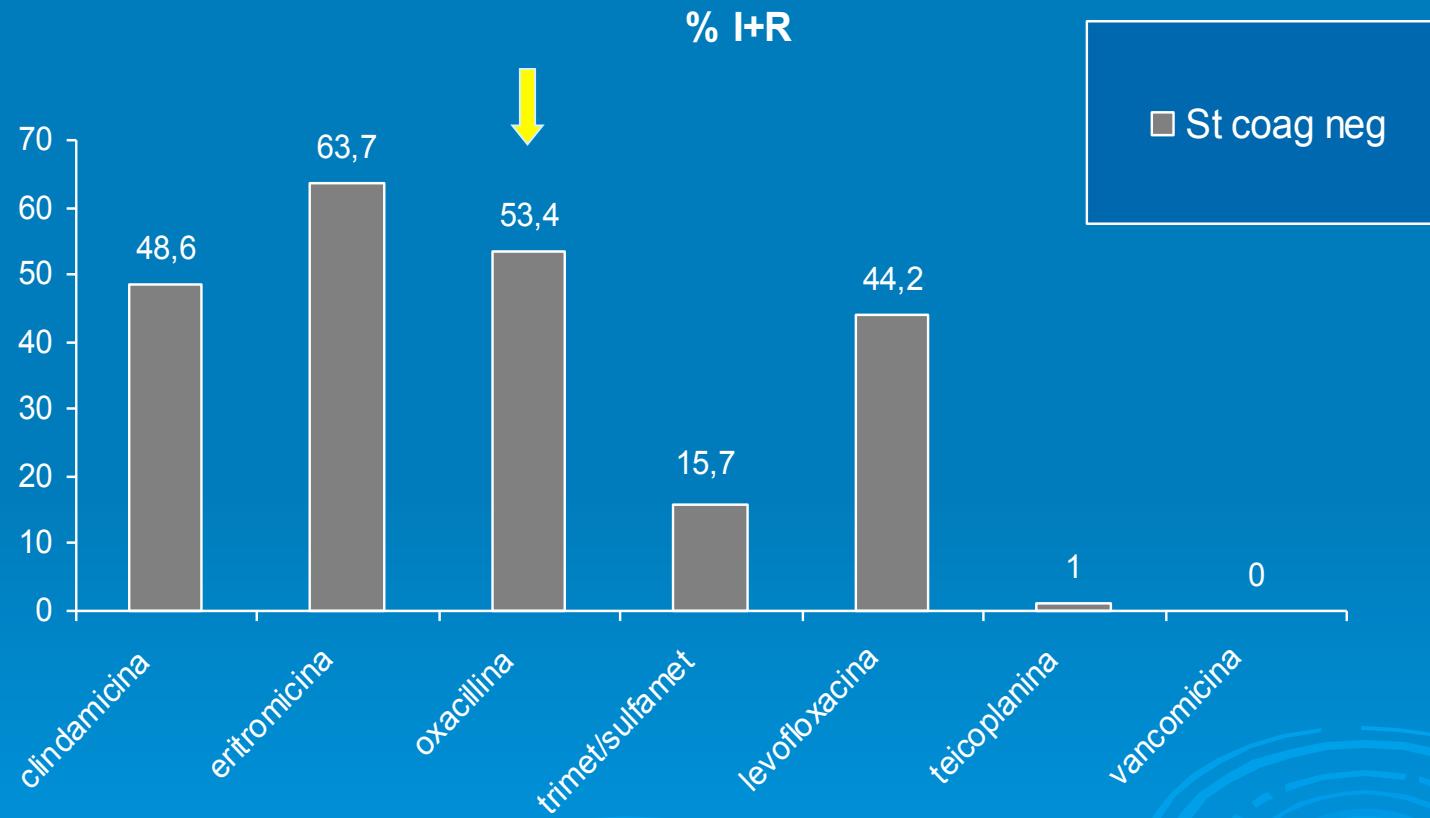


## **Stafilococco aureo MSSA e MRSA % I+R**

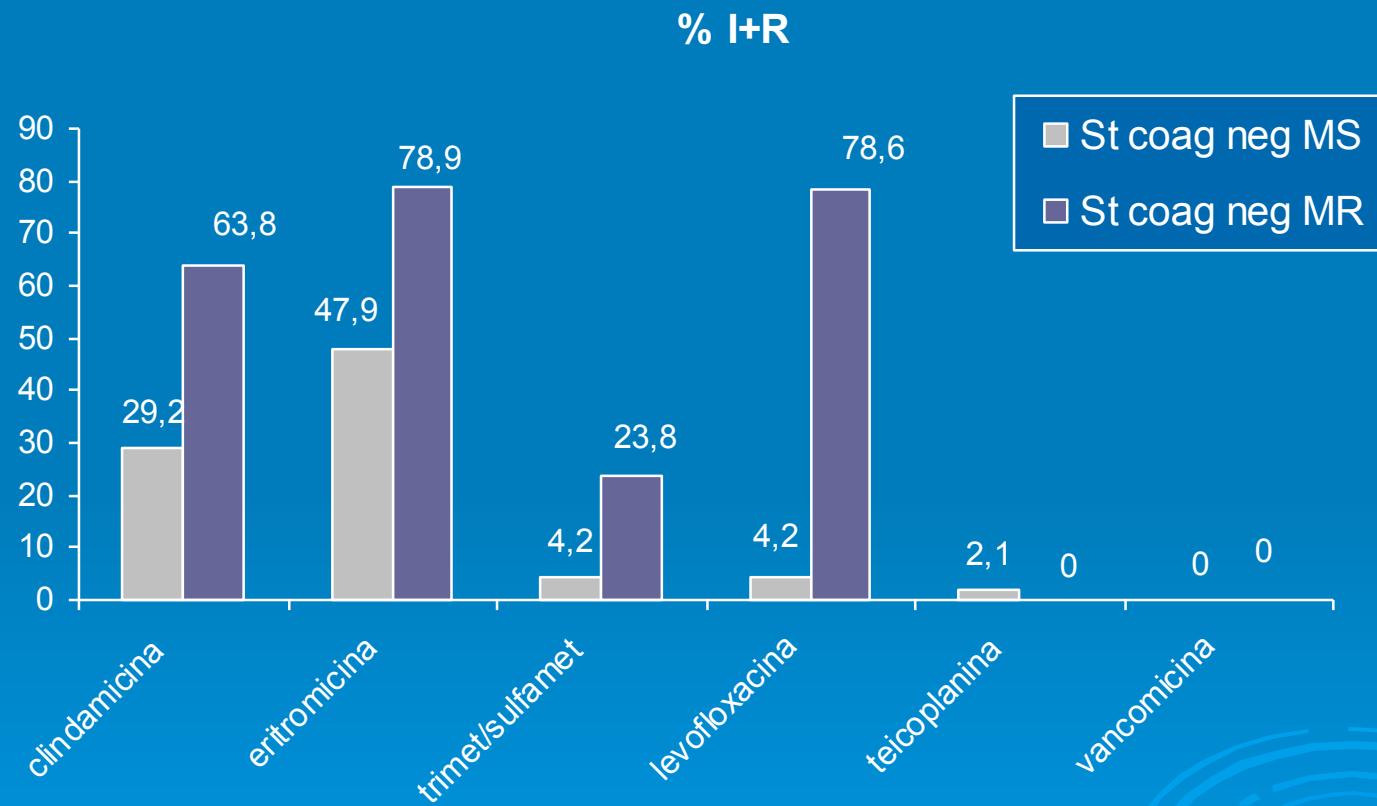


n. ceppi  
108

# Stafilococco coagulasi negativi

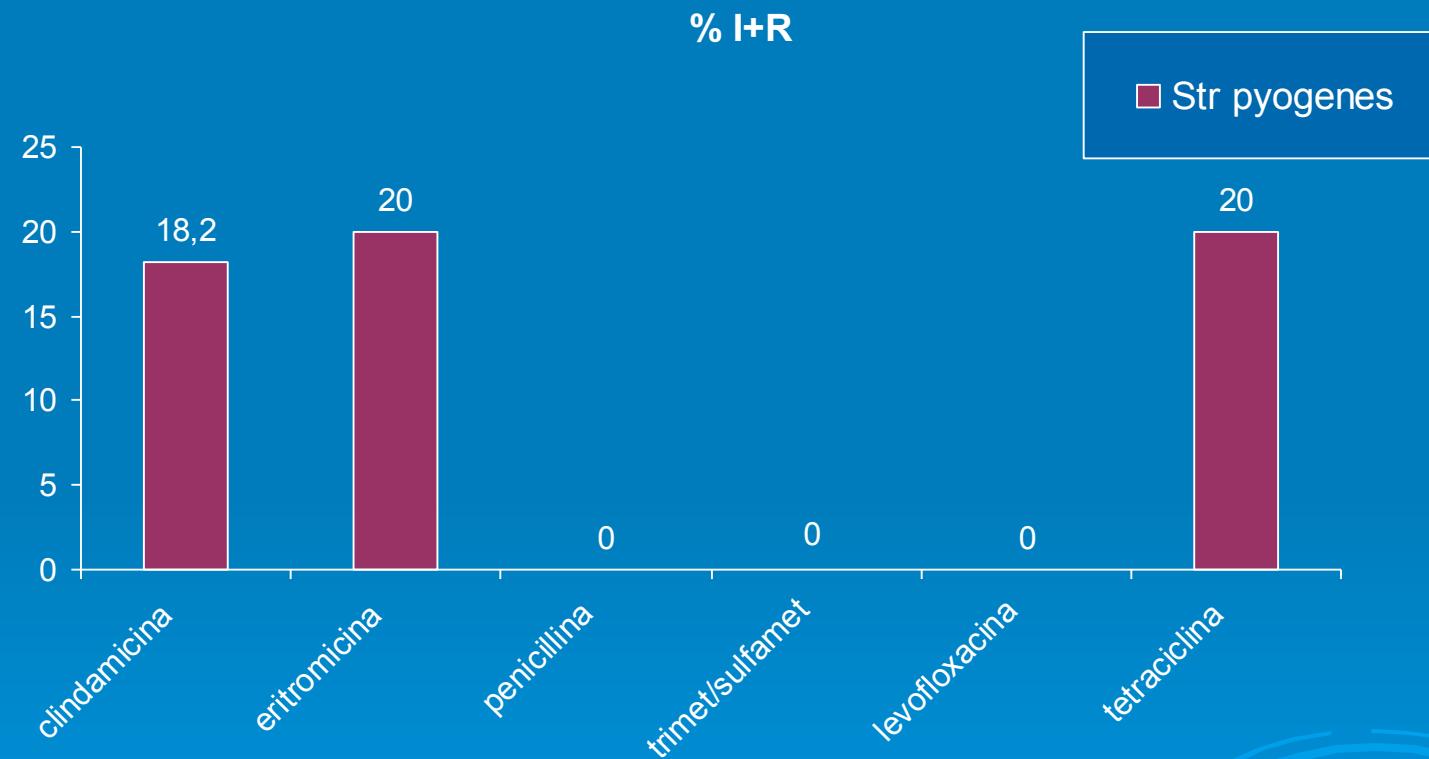


# Stafilococco coag neg MS e MR % I+R



# Streptococco pyogenes

n. ceppi  
11





# *Isolamento microbiologico*

- Valutato nel singolo caso in rapporto al quadro clinico;
- Fattori di rischio : patologie croniche, immunodepressione, diabete ecc:
- Germi a diversa patogenicità ;
- Produzione di tossine;
- Biofilm;
- Prelievo profondo in prima istanza ?
- O dopo fallimento di terapia empirica ?