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FURUNCULUS

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Synonyms: Furuncle; Boil.

A furuncle is an acute, deep seated, circumscribed inflammation about a skin gland or hair follicle, causing a round or acuminate, red and very painful, firm elevation of the skin that usually undergoes purulent softening and expels a necrotic plug or core. The development of successive crops of boils is known as furunculosis. The lesion may begin as a sycosiform pustule and by gradual wider involvement of the perifollicular tissues acquire the characteristics mentioned above, but more often it starts as a small induration in the skin or subcutaneous tissue and increases in several days to a bright or bluish red bean- to cherry-sized node upon the apex of which the skin gradually becomes thin and discloses yellow pus beneath. The central point ruptures, the opening enlarges and more or less thick pus escapes, sometimes tinged with blood. At the same time or within a couple of days a tenacious, pulpy mass of necrotic fibrous tissue is expelled. The cavity then heals by granulation and leaves a violaceous scar that in time becomes white and may be almost imperceptible. Occasionally a lesion will undergo resolution without suppuration; again the rupture of a boil may be delayed until the central necrotic mass has had time to liquefy. Both these forms are sometimes spoken of as blind boils. The pain of a boil is due to the tension of the exudate and subsides with the escape of the pus, but may recur if the opening is allowed to close by crusting and

the pus to reaccumulate and distend the cavity. Furuncles may appear on any part of the body. The back of the neck, axillae and buttocks are common sites. *Staphylococcus pyogenes aureus* is the direct cause; it gains entry through the hair follicles. Many influences contribute to make the skin a more suitable soil for the growth of the bacteria, e.g., any impairment of the general health, as from improper living, or in convalescence from grave disorders such as the exanthemata, typhoid, etc.; toxins in the blood as in gout, uremia, and especially in diabetes; certain drugs, namely the iodids and bromids; and local conditions such as profuse sweating and maceration of the skin, or the scratching and irritation produced by pruritic skin diseases like eczema, prurigo, scabies and pediculosis. **TREATMENT:** When necessary, constitutional treatment suitable for the patient's general condition should be employed. An essential part of the local treatment is the prevention of autoinoculation with the pus. Absolute cleanliness should be enjoined. It is well to protect the surrounding skin with a five per cent salicylic acid ointment. A compress kept moist with a hot saturated solution of boric acid will relieve the pain and hasten maturation. As soon as fluctuation is detected the boil should be incised and then irrigated twice a day with aqua hydrogenii dioxidi. A suction cup will aid in evacuating the boil without trauma to the inflamed tissues.