

## INTRODUCTION

**H**idradenitis suppurativa, also called acne inversa, is a chronic, debilitating skin disease characterized by painful, deep inflammatory lesions. These lesions, once believed to represent a disease of the sweat glands, now are thought to arise in the terminal hair follicles in the apocrine gland-bearing areas of the body. The regions typically affected are the intertriginous areas—the axillae, groin (genital, perigenital, anal, and perianal areas), infra- and intermammary skin, buttocks, and upper thighs, although other areas—such as the nape of the neck and scalp—can be involved.

Among all the chronic inflammatory cutaneous disorders, severe hidradenitis suppurativa is at or near the top of the list of those that adversely affect quality of life. Patients with the severe form of the disease live with multiple painful nodules and draining sinuses that exude what is often foul-smelling fluid, along with the sense of dread that new lesions may erupt at any time, requiring incision and drainage, corticosteroid injection, or surgical intervention. Patients also face embarrassment because the odor and drainage may pose real physical

limitations related to pain or limb contracture in the setting of severe scarring and fibrosis. For these reasons, dealing with the physical and psychological burdens of this disease can be extraordinarily difficult.

The list of unmet clinical needs covers several broad categories: earlier identification and diagnosis, therapeutic options, and patient and family education and support. It is hoped that improved patient and public education about this disease will lead to more patients seeking early medical intervention. Better communication with and provision of updated education to clinicians outside the specialty of dermatology also is needed, including efforts to reach (1) family and internal medicine specialists and others in primary care, who are in an excellent position to identify this disease in its earliest stages, and (2) emergency medicine specialists, the most likely practitioners outside of dermatology to see the most severely affected patients.

The articles in this supplement discuss these unmet needs in more detail and provide an overview of current information and views based on the available evidence as well as the authors' clinical experiences with patients with hidradenitis suppurativa.

An educational handout that may be useful to your patients is available on page S60. The handout may be freely copied by clinicians and distributed to your patients. The handout will also be found online at [www.globalacademycme.com/dermatology](http://www.globalacademycme.com/dermatology) in the SKIN & ALLERGY NEWS CME Library listing for this supplement: *Hidradenitis Suppurativa: Update on Diagnosis and Treatment*.

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