What You Should Know About

Hidradenitis Suppurativa (HS)

Information for Patients

What is HS?

Hidradenitis suppurativa (pronounced “high-drad-en-eye-tis/sup-your-uh-tee-vah”) is a chronic skin disease that is characterized by occlusion (blockage) of the hair follicles and subsequent inflammation of the sweat glands. The lesions occur most commonly on areas of skin-to-skin contact: under the arms (axillary area), in the groin, around the buttocks, in the region around the anus and genitals, and on the skin between and under the breasts. In women, the underarms, groin, and breast areas are most commonly affected. Men most often have HS lesions around the anus and under the arms and may also have HS at the back of the neck and behind and around the ears.

What does HS look and feel like?

The first thing that someone with HS notices is a tender, raised, red bump that looks like an under-the-skin pimple or boil. Sometimes HS lesions have two or more “heads.” These lesions often tingle and burn and may be associated with increased sweating.

Without medical attention, HS usually becomes more severe over time. It becomes more painful, and the lesions become larger and may open, oozing a thick, foul-smelling fluid possibly mixed with blood. Later, deeper abscesses develop and may connect with each other under the skin to form tunnel-like tracts (sinuses). Bacteria grow within these sinuses, which then drain fluid to the surface of the skin. In people who have had sinus tracts for some time, scars form that feel like ropes under the skin. In the very worst cases, networks of sinus tracts can form deeper in the body, including the muscle and other tissues. Many people with severe HS have scars that can limit their ability to freely move their arms or legs.

Clinicians usually classify or “grade” HS using the Hurley staging system according to the severity of the disease:

- Hurley stage I: one or more abscesses are present, but no sinus tracts have formed and no scars have developed
- Hurley stage II: one or more abscesses are present that resolve and recur; sinus tracts and scarring are seen
- Hurley stage III: an entire area of the body is involved; multiple abscesses and interconnecting sinus tracts are present.

What causes HS?

The cause of HS is not yet known. It is clear that some people are more prone than others to develop this disease, also for unknown reasons. HS most commonly occurs in people in their 20s and 30s; it is rarely seen in children and adolescents and is not common in older adults. Women are three times more likely than men to develop HS.

Finally, certain activities and conditions seem to be associated with HS. Although there is no evidence that these factors actually cause HS, controlling seems to reduce the number of HS flare-ups that patients have. The factors most commonly associated with HS include:

- Cigarette smoking
- Overweight/obesity
- Mechanical and environmental factors, such as skin-on-skin friction in the skin folds, irritation from antiperspirants, and trauma to the hair follicles from shaving

It is very important to know that HS is not contagious, and it is not caused by poor hygiene, poor nutrition, or being overweight.
How do clinicians treat HS?
Clinicians use both medication and surgery to treat HS. The choice of treatment—or combination of treatments—is made according to an individual patient's needs. Clinicians consider several factors in determining the most appropriate plan for therapy:

- Severity of disease
- Extent of disease
- Chronicity (how often the lesions recur)
- Location of the lesions

A number of different surgical methods have been developed that are useful for certain patients under particular circumstances. In addition, many medical treatments have been tried—some with more success than others. No medication is effective for all patients, and you and your clinician may have to try several different agents or combinations of agents before you find the treatment plan that works best for you.

The goals of therapy with medications that are either topical (used on the skin) or systemic (taken by mouth) are:
1. to clear the lesions or at least reduce their number and extent, and
2. to prevent new lesions from forming.

Some of the types of medications commonly used are antibacterial skin washes and the topical antibiotics to prevent secondary infections and corticosteroid injections into the lesions to reduce inflammation.

Other medications that may be used include retinoids, hormones, immunosuppressive agents (such as methotrexate), the antidiabetic medication metformin, and biologic anti-inflammatory medications such as infliximab and adalimumab.

What self-help measures are useful?
A number of measures seem to help many individuals with HS. Your clinician can help you determine which are likely to be best for you. However, two of these probably apply to most patients with HS:
1. if you smoke cigarettes, quit and
2. decrease your body weight.

Although there are no studies showing that quitting smoking and losing weight improve HS, both of these factors have a negative effect on overall health. Also, weight loss may help prevent HS from worsening—the smaller the area of skin-to-skin contact (and, therefore, of sweating and rubbing), the smaller the target for the development of HS lesions.

Some other self-help measures are:

- Avoid skin trauma (such as shaving in areas, such as the armpits, where breakouts occur)
- Wash your skin gently, using a cleansing agent recommended by your clinician; cleansers such as benzoyl peroxide wash, used by patients with acne, may be appropriate for many patients
- Apply topical medications as directed and as often as prescribed
- Avoid tight-fitting or irritating clothing or bandaging
- Follow your clinician's guidance about antiperspirants or deodorants
- Keep your skin cool (becoming overheated and sweating can contribute to an HS flare)
- To reduce the pain of cysts or nodules, apply hot compresses for 10 minutes at a time (use a clean washcloth or a teabag soaked in hot water)

Finally, know that you are not alone. Coping with the pain and other symptoms of HS can be very difficult, so it may be helpful to connect with others who live with HS. Patient groups and networks can be sources of important information and support. Some Internet resources for information and connections are provided below.

Resources for Information
American Academy of Dermatology
http://www.aad.org/dermatology-a-to-z/diseases-and-treatments/e--h/hidradenitis-suppurativa/signs-and-symptoms

National Library of Medicine

NORD: National Organization for Rare Disorders, Inc
https://www.rarediseases.org/rare-disease-information/rare-diseases/byID/358/viewAbstract

Trials of new medications for HS
https://www.clinicaltrials.gov
Hidradenitis Suppurativa: Update on Diagnosis and Treatment Post-Test and Evaluation Form

1. Which one of the following statements is true concerning hidradenitis suppurativa?
   A. Hidradenitis suppurativa is characterized by apocrine gland dysfunction.
   B. Hidradenitis suppurativa is a disease of chronic follicular occlusion.
   C. Apocrine gland inflammation is the primary inciting event in hidradenitis suppurativa, causing follicular occlusion.
   D. Obesity is the underlying cause of hidradenitis suppurativa in many patients.

2. Hidradenitis suppurativa is seen most commonly in
   A. African-Americans
   B. Individuals in the second and third decades of life
   C. Men
   D. Menopausal women

3. A number of factors have been associated with hidradenitis suppurativa, although none has been established as a causative factor. The most common factor associated with the disease is
   A. Autosomal dominant inheritance
   B. Cigarette smoking
   C. Hyperandrogenicity
   D. Obesity

4. Hidradenitis suppurativa is a clinical diagnosis based on morphology and history, summarized by three key features. Which one of the following is not a key feature?
   A. The lesions are chronic or recurrent.
   B. The lesions occur in the characteristic distribution.
   C. The lesions occur in patients who have a history of immune-mediated inflammatory diseases.
   D. None of the above

5. A single, unilateral axillary abscess likely represents a diagnosis of
   A. Acne vulgaris
   B. Early hidradenitis suppurativa
   C. Folliculitis
   D. Furuncle

6. Patients with hidradenitis suppurativa of long duration have an increased risk for malignancy, particularly
   A. Lymphoma
   B. Melanoma
   C. Squamous cell carcinoma
   D. Tumors in the anogenital region

7. Which one of the following statements is true concerning hidradenitis suppurativa comorbidities or associated “risk factors”?
   A. Addressing known comorbid conditions, including diabetes mellitus, has been shown to have important implications for the management of hidradenitis suppurativa.
   B. Disease progression risk in obese patients can be decreased by weight loss.
   C. Effective management of hidradenitis suppurativa has been shown to have important implications for comorbid conditions.
   D. Smoking cessation has been shown to have important implications for the management of hidradenitis suppurativa.

8. Which one of the following statements accurately describes the role of surgery in hidradenitis suppurativa?
   A. Data show that surgery should be considered as an option of last resort because most procedures are extensive and associated with high morbidity.
   B. Long-term follow-up data demonstrate good rates of cure without recurrence.

9. Which one of the following statements concerning pharmacologic therapy for hidradenitis suppurativa is most appropriate?
   A. No pharmacologic treatment has been approved by the US Food and Drug Administration to date.
   B. No pharmacologic treatment that is approved by the US Food and Drug Administration is indicated for severe disease.
   C. The overall goal of pharmacologic therapy is to prevent the need for surgery.
   D. The overall goals of pharmacologic therapy are to reduce scarring and other complications and sequelae.

10. Which one of the following statements concerning pharmacologic therapy for hidradenitis suppurativa is accurate?
    A. Antibiotics are given to clear lesions.
    B. Because of the clinical resemblance between hidradenitis suppurativa and nodular cystic acne, isotretinoin has been shown to be effective in several large clinical trials.
    C. Because they target the inflammatory response to follicular occlusion, biologic agents such as infliximab and adalimumab have been shown to be effective in several controlled clinical trials.
    D. Cyclosporine and methotrexate have been shown in a number of large clinical trials to be effective in managing hidradenitis suppurativa.

EVALUATION FORM

We would appreciate your answering the following questions in order to help us plan for other activities of this type. All information is confidential. Please print.

Name: ____________________________

Specially: _________________________

Degree: MD  DO  PharmD  RPh  NP  RN  BS  PA  Other

Affiliation: ________________________

Address: ____________________________

City: __________________ State: ___________ ZIP: ___________

Telephone: __________________ Fax: __________________

E-mail: ____________________________

Signature: _________________________

CME CREDIT VERIFICATION

I certify that I have spent ______ hour(s)/______ minutes of actual time working on this CME activity. No more than 3.0 CME credit(s) will be issued for this activity.

COURSE EVALUATION: GAPS

This activity was created to address the professional practice gaps listed below. Please respond regarding how much you agree or disagree that the following gaps were met:

- Recognizing hidradenitis suppurativa and properly diagnosing this skin disease.
- Utilizing best practice methods for diagnosing and treating hidradenitis suppurativa.
- Utilizing evidence-based treatment options for hidradenitis suppurativa.

Did participating in this educational activity improve your KNOWLEDGE in the professional practice gaps that are listed above?

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<th>Somewhat Agree</th>
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Please elaborate on your answer.

Did participating in this educational activity improve your PERFORMANCE in the professional practice gaps that are listed on the left?

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<th>Strongly Agree</th>
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Please elaborate on your answer.

How certain are you that you will implement this change?

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What topics do you want to hear more about, and what issue(s) in your practice will they address?

____________________________________________________

____________________________________________________

Were the patient recommendations based on acceptable practices in medicine?  Yes  No

If no, please explain which recommendation(s) were not based on acceptable practices in medicine. ______________________________________________________

Do you think the articles were without commercial bias?  Yes  No

If no, please list the article(s) that was (were) biased. ______________________________________________________

The University of Louisville thanks you for your participation in this CME activity. All information provided improves the scope and purpose of our programs and your patients’ care.

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