



Hidradenitis Suppurativa

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LEADING THE WAY 

*Growing the Ability to Deliver Quality Healthcare to
American Indian and Alaska Native People.*

Objectives

- I. Background
- II. Clinical features
- III. Management



Background

- Hidradenitis suppurativa is a chronic inflammatory disorder that intertriginous skin.
- Multifactorial etiology/associated risk factors: genetic predisposition, microbiome, smoking, obesity, hormonal factors
- HS can exist as part of follicular occlusion tetrad:
 - HS
 - Acne conglobate
 - Dissecting cellulitis of scalp
 - Pilonidal cyst



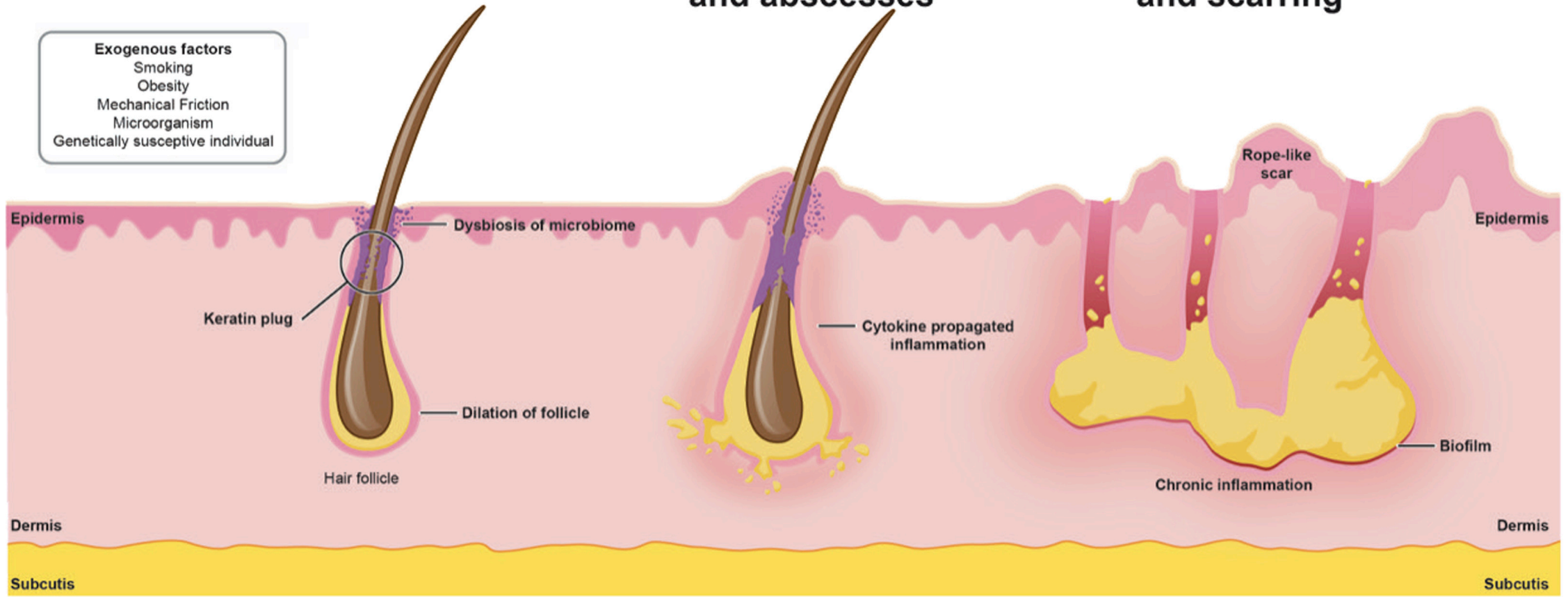


Follicular occlusion and dilation

Follicular rupture and inflammatory nodules and abscesses

Chronic state with sinus tracts and scarring

- Exogenous factors**
- Smoking
 - Obesity
 - Mechanical Friction
 - Microorganism
 - Genetically susceptible individual



Background

- Estimated prevalence from <1-4%
- Most frequently occurs in young adults
- More common in women than men (2:1 ratio) and in African American patients compared to whites.
- HS has a significant impact on patient's QoL and associated with depression/anxiety.



Clinical Features

- HS is diagnosed clinically based on 3 criteria: characteristic lesions, location, and recurrence.
- The most common HS classification system is the Hurley staging system

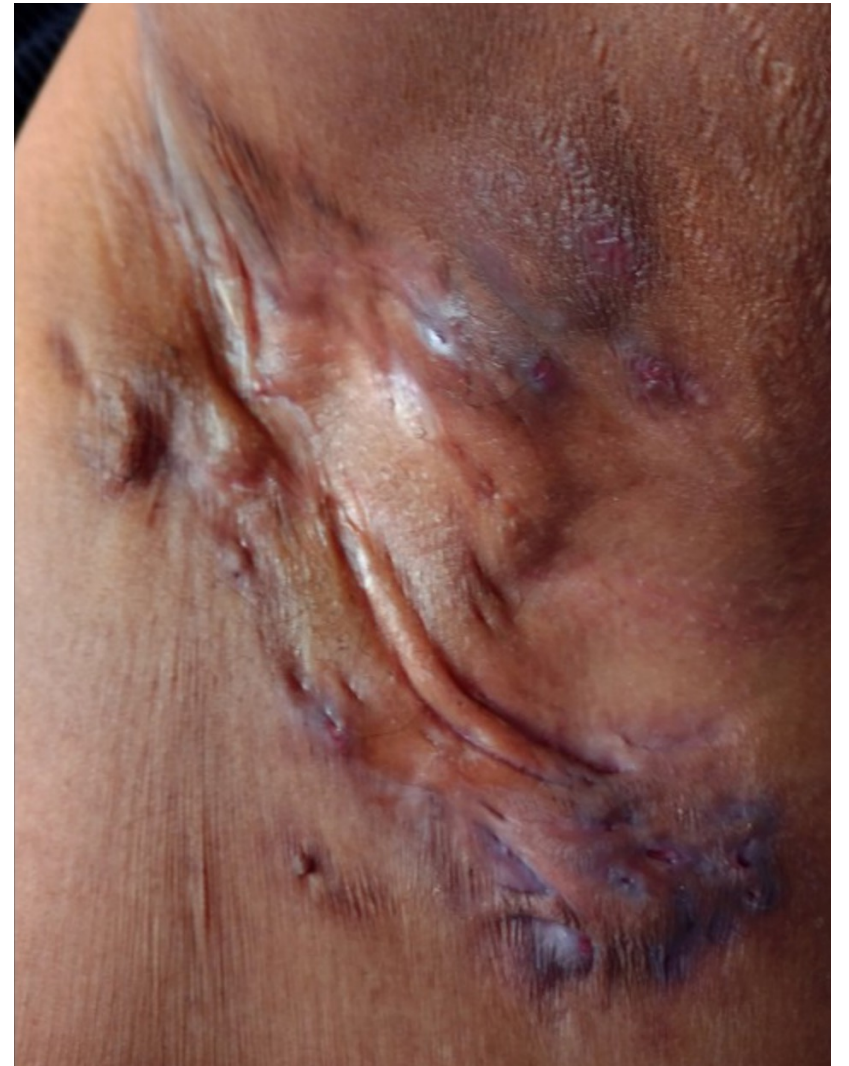
Scoring system	Description	
Hurley score	Stage I	Single or multiple isolated abscesses without sinus tracts or scarring
	Stage II	Recurrent abscesses with ≥ 1 sinus tracts and scarring, separated by normal skin
	Stage III	Diffuse boils with multiple interconnected sinus tracts and no intervening normal skin.



Clinical Features



Clinical Features



Differential Diagnosis

- Abscess/cellulitis
- Folliculitis
- Epidermal inclusion cyst
- Cutaneous Crohns
- Bartholin gland abscess



Management

Hurley Stage I

- Benzoyl Peroxide or Chlorhexidine wash daily in the shower
- Clindamycin gel/solution daily as spot treatment as needed
- Doxycycline 100 mg twice a day for 10-14 days for flares

Hurley Stage II

- Doxycycline 100 mg twice a day for 3-4 months
- Rifampin/Clindamycin 300 mg twice a day 3- 4months
- Spironolactone 100 mg – 200 mg daily, especially if symptoms correlate with menstrual cycles
- Metformin, starting at 500 mg daily

Hurley Stage III

- Biologics (adalimumab, infliximab, secukinumab, etc.)



Management

Procedural options

- Hair laser removal
- Deroofing
- Wide excision

Flares

- Doxycycline 100 mg twice a day for 10-14 days
- Prednisone 10-30 mg daily with taper over ~2 weeks
- Intralesional triamcinolone injections (10-20 mg/mL)

Pain

- Alternating NSAIDs with acetaminophen
- Gabapentin 300 mg nightly then titrate up as tolerated
- Consider pain referral



Management

Wound care

- For draining lesions recommend an absorbent foam dressing such as Mepilex with border

Complications

- SCC
- Infections are rare



Case #1

- 30 yo F presents with recurrent boils in the bilateral axillae



Case #2

- A 40 M presents with painful rash in the inguinal fold and scrotal swelling



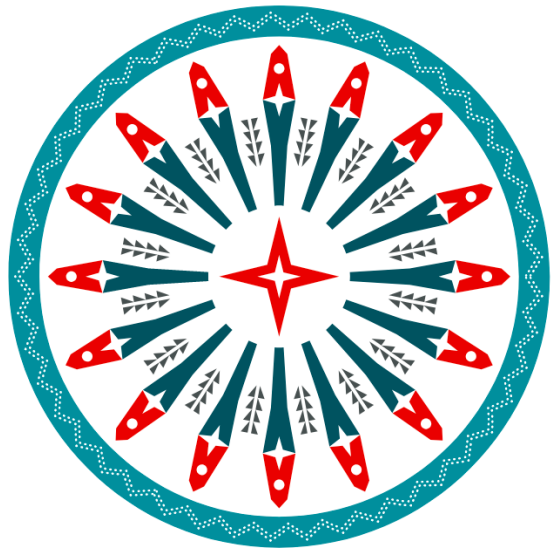


THANK YOU!

References

- Goldberg SR, Strober BE, Payette MJ. Hidradenitis suppurativa: Epidemiology, clinical presentation, and pathogenesis. *J Am Acad Dermatol*. 2020;82(5):1045-1058. doi:10.1016/j.jaad.2019.08.090
- Image source: VisualDx (www.visualdx.com)





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