

CLINICAL MANAGEMENT GUIDELINES

FOR

HIDRADENITIS SUPPURATIVA

HIDRADENITIS SUPPURATIVA (HS) IS A CHRONIC AND RECURRENT INFLAMMATORY SKIN DISORDER THAT AFFECTS HAIR FOLLICLES/SWEAT GLANDS AND PROFOUNDLY AFFECTS QUALITY OF LIFE



It is estimated that 0.1 to 4% of the population lives with HS.

It is most **prevalent** in people in their 20s and 30s, in females, in people of African descent and in people with lower incomes.



Hallmarks of HS include **painful** inflammatory nodules, **abscesses**, **blackheads**, **scarring**, sinus tracts or tunnels under the skin, and **pain**.

HS is most often found where two areas of **skin rub** against each other and usually develops after puberty.



HS has many **comorbidities** and it is important to screen for all of them, including

- smoking
- metabolic syndrome (obesity, diabetes, hypertension, dyslipidemia)
- depression and anxiety
- inflammatory arthritis
- inflammatory bowel disease
- follicular occlusion syndrome (the presence of three disorders:
 - acne conglobata
 - dissecting cellulitis of the scalp
 - pilonidal sinus



HS **treatment** is **evolving** and often relies on a combination of medical treatment and surgery. It is essential to make an **individualized treatment** plan with your HCP.

Pain management is also critical in the treatment plan.

Managing **risk factors** such as obesity and smoking can also help in the management of HS.



Surgical approaches include:

- **deroofing** or excision of nodules and tunnels,
- **incision and drainage** of abscesses to relieve pain
- **excision** using scalpels, CO2, electrosurgery and **reconstruction** for chronic lesions.



Screening for **mental health issues** is an important part of treating patients living with HS. Many can suffer from **depression** and **anxiety**.

Patients should also be encouraged to **quit smoking** and consider **losing weight** if they are overweight or obese.