

# UNCOVERING HIDRADENITIS SUPPURATIVA

Dr. Shear, Dr. Tran and Dr. George discuss Hidradenitis Suppurativa.



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## Q. WHAT IS HS?

**A.** Hidradenitis Suppurativa (HS) is a chronic, painful, inflammatory skin disease which affects 1-4% of the general adult population.<sup>1,4</sup> It is characterized by boils usually occurring where certain sweat glands are located, such as under the breasts, buttocks and inner thighs. The boils can develop and connect, forming draining sinuses which discharge foul-smelling pus.<sup>1,2,4</sup>

## Q. WHAT CAUSES HS?

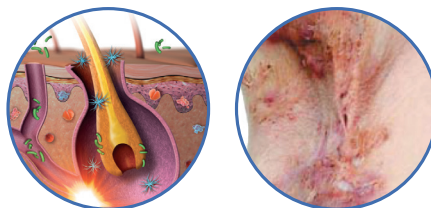
**A.** The cause of HS is unclear. It is thought that certain genetic markers and defects within hair follicles are at the root of the disease.<sup>2</sup> Risk factors include smoking and obesity.<sup>1</sup> About one-third of patients report a family history of HS.<sup>1</sup> HS has been reported to co-occur with several comorbid conditions—mostly, inflammatory bowel disease.<sup>1</sup>

## Q. HOW DOES HS IMPACT QUALITY OF LIFE?

**A.** HS is often undiagnosed or misdiagnosed.<sup>2,3,4</sup> It interferes with social interactions, job performance and intimate relationships—often leading to isolation.<sup>1</sup> It is painful and causes embarrassment.<sup>1</sup>

## Q. DO PEOPLE SUFFERING FROM HS GO TO THE ER FOR TREATMENT?

**A.** People with HS come to the emergency room in severe pain and discomfort requiring assistance with the draining of the boils during a flare-up.<sup>4</sup> It's not unusual for patients to go home undiagnosed.<sup>4</sup>



## Q. IS THERE A CURE FOR HS?

**A.** There is currently no cure for HS.<sup>4,5</sup> Early diagnosis and proper management is important for a patient's quality of life.<sup>1</sup> The first step for those with HS is to speak to their dermatologist to get an accurate diagnosis.<sup>1</sup>

## Q. HOW CAN HS BE TREATED?

**A.** Medical treatments for HS have included antibacterial washes, topical clindamycin, various systemic antibiotics, hormonal therapies, systemic retinoids, laser treatment, intralesional steroid injections and biologics.<sup>3</sup> Surgical de-roofing or wide excision procedures have long been the definitive treatment for severe HS.<sup>3</sup> There is no guarantee that HS will not recur in the previously excised areas.<sup>3</sup>

**References:** 1. Dufour, D., Emtestam, L., & Jemec, G. (2014). Hidradenitis suppurativa: A common and burdensome, yet under-recognised, inflammatory skin disease. *Postgrad Med J*, 90, 216-221. doi:10.1136. 2. Esmann, S., & Jemec, G. (2011). Psychosocial Impact of Hidradenitis Suppurativa: A Qualitative Study. *Acta Derm Venereol*, 91, 328-332. doi:10.2340/00015555-1082. 3. Gill, L., Williams, M., & Hamzavi, I. (2014). Update on hidradenitis suppurativa: Connecting the tracts. *F1000 Prime Reports*, 6(112). doi:10.12703/P6-112. 4. Revuz, J. (2009). Hidradenitis suppurativa. *J EADV*, 23, 985-998. doi:10.1111/j.1468-3083.2009.03356.x.