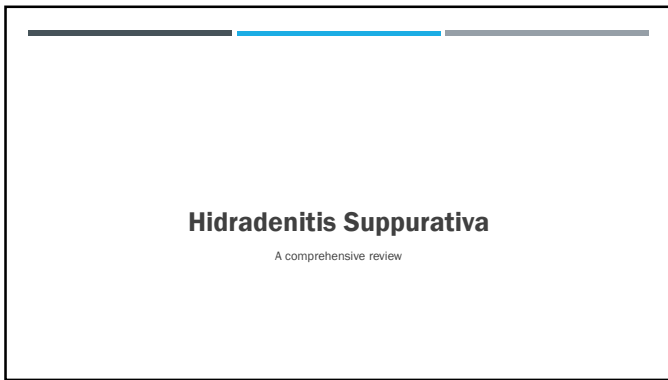
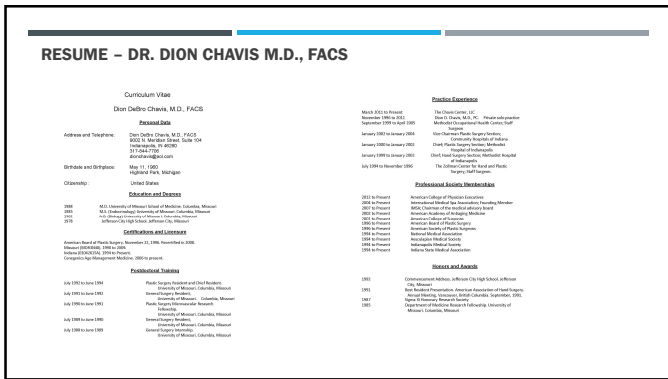


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HIDRADENITIS SUPPURATIVA - DEMOGRAPHICS

- HS tends to begin in the second and third decades of life
- Females are more likely to develop HS
- Recent studies suggest a prevalence of about 1%

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HIDRADENITIS SUPPURATIVA – CLINICAL PRESENTATION

- HS typically occurs in the axillary, inguinal, perianal, perineal, mammary, and inframammary regions
- The distribution pattern corresponds with the "milk line" distribution of apocrine related mammary tissue in mammals
- The most common affected site is the axilla. Perianal HS is associated with more debilitating outcomes than axillary HS


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HIDRADENITIS SUPPURATIVA – CLINICAL PRESENTATION



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HIDRADENITIS SUPPURATIVA – CLINICAL STAGING


 Hurley staging system is simple and relies on the subjective extent of diseased tissue


 The Sartorius system is more sophisticated than Hurley's and is likely to supplant it as a means for conducting clinical trials

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HIDRADENITIS SUPPURATIVE – HURLEY STAGING SYSTEM

 **STAGE I – ABSCESS FORMATION (SINGLE OR MULTIPLE) WITHOUT SINUS TRACTS AND CICATRIZATION**

 **STAGE II – ONE OR MORE WIDESPREAD RECURRENT ABSCESES WITH TRACT FORMATION AND SCARS**

 **STAGE III – MULTIPLE INTERCONNECTED TRACTS AND ABSCESES THROUGHOUT AN ENTIRE AREA**

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HIDRADENITIS SUPPURATIVE – HURLEY STAGING SYSTEM



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HIDRADENITIS SUPPURATIVA – DIFFERENTIAL DIAGNOSIS

- The differential diagnosis for HS is extensive but can easily be differentiated from other diseases by the age of onset and characteristic locations of the lesions.

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HIDRADENITIS SUPPURATIVA – DIFFERENTIAL DIAGNOSIS

<p>Early lesions</p> <ul style="list-style-type: none"> Acne Carbuncles Cellulitis Cutaneous blastomycosis Dermoid cyst Erysipelas Furuncles Inflamed epidermoid cysts Lymphadenopathy Perirectal abscess Pilonidal cyst 	<p>Late lesions</p> <ul style="list-style-type: none"> Actinomycosis Anal fistula Cat scratch disease Crohn disease Granuloma inguinale Ischiorectal abscess Lymphogranuloma venereum Nocardia infection Noduloulcerative syphilis Tuberculous abscess Tularemia
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HIDRADENITIS SUPPURATIVA – ETIOPATHOGENESIS

Long thought to be a disorder of apocrine origin, it is now thought to be caused by follicular occlusion

Families with autosomal dominance type inheritance have been reported

Hyperandrogenism likely does not play a role in HS

Bacteria are probably secondary colonizers, which may exacerbate HS, but they are not the primary etiologic agents

Poor hygiene does not cause HS

Some investigators postulate that there may be an underlying immunologic aberration in the pathogenesis of HS; more work needs to be done in this field before any conclusions can be made

Smoking and obesity are not primary causes of HS but are strongly associated with the disease and may exacerbate it

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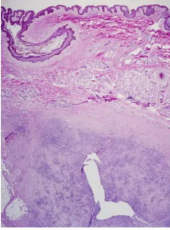
HIDRADENITIS SUPPURATIVA – ETIOPATHOGENESIS

Etiopathogenesis

- Follicular and glandular factors
- Genetic factor
- Endocrinologic factor
- Bacterial factors
- Environmental factors
- Host defense factors
- Pharmacologic factors
- Smoking
- Obesity


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HIDRADENITIS SUPPURATIVA – TYPICAL HISTOLOGIC CHANGES



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HIDRADENITIS SUPPURATIVA – PSYCHOLOGICAL AND PHYSIOLOGIC MORBIDITY

 HS patients experience a quality of life worse than those with alopecia, mild to moderate psoriasis, and several other dermatologic conditions

 HS results in economic and psychological disability in addition to the physical problems

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HIDRADENITIS SUPPURATIVA – DISEASE ASSOCIATIONS

- HS is associated with other diseases of the follicular occlusion tetrad, acne vulgaris, KID syndrome, IK, DDD, SAPHO syndrome, CD, Jackson-Lawler type pachyonychia congenita, reflex sympathetic dystrophy, and FFD, among others


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HIDRADENITIS SUPPURATIVA – DISEASE ASSOCIATIONS

<p>Common Associations</p> <ul style="list-style-type: none"> • Acne Conglobata • Acne Vulgaris • Crohn disease • Dissecting cellulitis of the scalp • Obesity • Ploridial disease • Smoking 	<p>Rare Associations</p> <ul style="list-style-type: none"> • Acarothosis nigricans • Bazex Dupre-Christol syndrome • Dowling-Degos disease • Fox-Fordyce disease • Incontinentia pigmentis • Keratitis-ichthyosis-deafness syndrome • Pachyonychia congenita • PAPA syndrome • Pyoderma gangrenosum • Reflex sympathetic dystrophy • SAPHO syndrome • Scrotal elephantiasis
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HIDRADENITIS SUPPURATIVA – PROGNOSIS AND DISEASE COMPLICATIONS

 The risk of SCC and other malignancies may be increased in those with HS

 Contractures, strictures, serious infection, and anemia are also potential sequelae

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HIDRADENITIS SUPPURATIVA – COMPLICATIONS

- Anal, urethral, and rectal strictures and fistulas
- Anemia
- Contractures and limb mobility limitations
- Cutaneous squamous cell carcinoma
- Increased risk of other malignancy
- Lumbosacral epidural abscess
- Sacral bacterial osteomyelitis

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HIDRADENITIS SUPPURATIVA – TREATMENT

- There is no uniformly effective single therapy for HS; therefore, clinicians will likely have to try an array of different treatment modalities depending on the patient's disease
- For patients with extensive disease, wide excision can dramatically improve the patients' quality of life
- Most of the listed therapies are one that dermatologist possess intimate knowledge of and are thus in the best position to treat this debilitating disorder


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HIDRADENITIS SUPPURATIVA – TREATMENT

- Antibiotics
- Retinoids
- Hormones
- Immunosuppressive and anti-inflammatory agents
- Neurotoxins
- Radiotherapy
- Light, radiofrequency, and other procedures
- Surgery

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HIDRADENITIS SUPPURATIVA – TREATMENT SURGERY



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HIDRADENITIS SUPPURATIVA – APPROACH TO TREATMENT

Hurley Stage I disease or first-line therapy

- Antibiotics, either topical or systemic (A)
- Hormonal therapy (A)
- Zinc (A)
- Cryotherapy (B)
- Botox (C)
- Radiofrequency treatment (C)
- Short-term corticosteroids (C)

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HIDRADENITIS SUPPURATIVA – APPROACH TO TREATMENT

Hurley Stage II disease or first-line therapy

- CO₂ laser ablation(A)
- Immunosuppressive therapies (A)
- Limited excisions (A)
- Radiation therapy (A)
- Radiofrequency treatment (C)

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HIDRADENITIS SUPPURATIVA – APPROACH TO TREATMENT

Hurley Stage III disease or first-line therapy

- Radiation therapy (A)
- Wide excisions (A)
- Laying open of sinus tracts (C)

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HIDRADENITIS SUPPURATIVA – GENERAL TREATMENT SUGGESTIONS

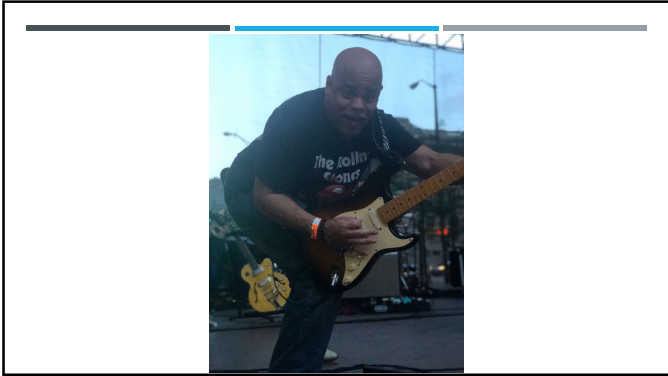
Avoidance of tight-fitting clothing	Nonnarcotic analgesics	Reassurance	Smoking cessation
Stress management	Support group referral	Weight loss	

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HIDRADENITIS SUPPURATIVA – CONCLUSION

- The prevalence of HS may equal or even surpass that of psoriasis yet it receives only a fraction of the attention and scholarly contributions. Though no overwhelmingly effective treatments have been described, novel therapies are emerging
- Many – if not all – of these therapies are well known to dermatologists; therefore, we should play a role in managing this debilitating disorder. As our understanding of the disorder grows, so will our treatment options.

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