Hidradenitis Suppurativa

Some Facts…

- Rare in Pre-Pubescent or Post-Menopausal
- Affects Women > Men
- Worse before periods / Better in Pregnancy
- More frequent in smokers
- Genetic – 1/3 with FamHx.
- Crohn's- possible association if lesions are in groin and near anal margin.
- Hidradenitis suppurativa is associated with a significantly increased CV disease and should be considered as an **independent CV risk factor**

General Management

Early Intervention
Weight loss
Smoking Cessation
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Acute treatment of large painful lesions

- Warm flannel to affected area or a bath may help encourage drainage of pus
- Analgesia such as NSAIDS to help with pain and inflammation
- Lesions can be lanced
- They are often sterile so consider an intra-lesional steroid for example triamcinolone acetonide 10mg/ml or a short course of oral prednisolone for 3-4 days
- If very explosive consider infection, avoid steroids and treat with flucloxacillin.

Long term Medical Management

TOPICAL

- Dermol 500 lotion either as a wash or left on affected skin
- 4% chlorhexidine wash - although this must be washed off after 5 minutes
- Bleach baths have also been shown to be effective
- Clindamycin 1% BD- consider adding benzoyl peroxide to reduce bacterial resistance.
    - Topical erythromycin or benzoyl peroxide acceptable to use in pregnancy if benefit outweighs risk.

SYSTEMIC ABX

- First Line
    - Lymecycline 408mg OD or Doxycycline– consider BD if high BMI or mod/severe symptoms.
- Second Line
    - Erythromycin (suitable for use in pregnancy if benefit outweighs risk), clarithromycin or metronidazole.

If fails to respond to a 3-month course of systemic antibiotic, consider combination of clindamycin 300mg BD and rifampicin 300mg BD for 3 months.

*** RIFAMPICIN PREVENTS COCP FROM WORKING - need to use a progesterone method/ IUD IN FEMALES OF CHILD BEARING AGE ***

Check LFT prior to Rx and within 2 weeks. If no response after 3/12 needs SECONDARY CARE referral for consideration of other treatment/biologics

ANTI-ANDROGENS

Consider Long term antiandrogen - COCP containing **drosperinone or cyproterone acetate.**
Dianette and an additional 50-100mg cyproterone acetate from day 5-14 of cycle may help women whose symptoms flare in relation to period. CI – in obese patients and those at risk of thrombosis

Spironolactone - Can commence on 50mg daily and increase to 100mg if tolerated. U+E needs monitored if >40-45 or any nephrotoxic medications or relevant medical history (This can take 6 months to be effective)

Metformin could be considered in cases where there may be insulin resistance.

*Prolonged courses are used to reduce bacterial colonisation and inflammation