

TREATMENT

The diagnosis of HS is usually made by a certified dermatologist.

There is no cure for HS and flares often occur, but the condition can be controlled with proper treatment that often involves a combination of medical and surgical therapies.

HS TREATMENT

RECOMMENDED FOR EVERYBODY	CASE-SPECIFIC
Smoking cessation	Antibiotics
Weight loss	Immunomodulator
Pain management	Surgery & laser
Wound care	Hormonal & other treatments
Mental health support	

Lifestyle modification

A number of lifestyle modifications can help control HS symptoms in the early stages. These include healthy diet, weight loss and smoking cessation.

Medication

Oral or topical medications such as antibiotics are commonly prescribed with less serious cases of HS. Alternative treatments include therapies called anti-androgens that target the hormones in the body and other oral therapies called systemic immunosuppressants. More recently, biologic therapies that regulate the immune system are being used to manage HS.

As HS has an inflammatory component, anti-inflammatory biologic therapies known as anti-tumor necrosis factor (anti-TNF) have been used to treat HS. These include

adalimumab and infliximab. Many non-anti-TNF biologic agents have been studied and are on the way to the market.

Laser

Different types of lasers are also used to manage the lesions associated with HS. Good results have been reported with both Nd:YAG and the CO2 lasers.

Surgery

Surgery is frequently used to manage HS lesions and is often necessary when tunnels form under the skin. Smaller lesions can often be removed locally.

If HS is very advanced, surgery involving wide excision of the entire area that is affected is performed. Surgeons may have to graft skin from somewhere else on the body, for instance the thigh, and place it on the site where the original skin was removed, for instance the underarm.

HIDRADENITIS SUPPURATIVA

Hidradenitis suppurativa (HS) is a recurrent disease characterized by inflamed and swollen lumps under the skin. These are typically painful and break open, releasing fluid or pus.



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For additional information on Hidradenitis Suppurativa, visit DERMATOLOGY.CA



WHAT IT IS

Hidradenitis suppurativa (HS) is a recurrent disease characterized by inflamed and swollen lumps under the skin. These are typically painful and break open, releasing fluid or pus. The most commonly affected areas are the underarms, under the breasts, and in the groin, where there are folds in the skin.

RISK FACTORS

It is not uncommon for patients with HS to have other medical conditions or to be at risk of other conditions such as obesity, metabolic syndrome, inflammatory bowel disease, arthritis or depression.

- HS commonly starts between puberty and age 40, but has been diagnosed as early as age 5.
- An estimated one-quarter to one-third of patients with HS have a family history of the condition.
- 50 to 300 million people around the world, and 300,000 to over 1 million people in Canada have HS.
- Women are 3 times more likely to be affected than men.
- The current average time from symptom onset to diagnosis is 8 years.
- HS is not contagious and poor hygiene is not the cause.

APPEARANCE

The starting point for HS is the hair follicle unit, the small pockets from which each hair grows. For reasons that are not totally clear (most likely genetic), in HS the follicle closes, then expands and ruptures. The rupture results in skin cells and pus spilling into the dermis or the lower layer of the skin and triggers inflammation.

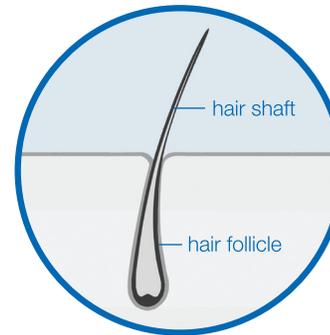
CAUSES

It is not yet known what causes HS. Some research is focused on the hormonal component of HS because the disease is much more common in women than men. Other areas of research include looking at the contribution of bacteria to the disease, and evaluating the role of the immune system. The role of genetic factors is also supported, with positive family history in one-third of patients. The three main things needed for diagnosis: typical lesions, typical locations, 2 flares in 6 months.

What's happening under the skin?

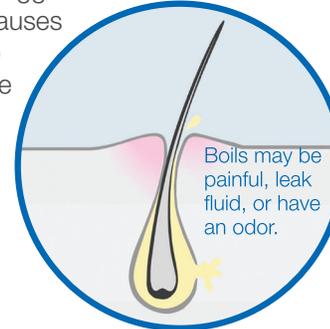
Normal hair follicle

The hair follicle anchors the hair shaft within the skin.



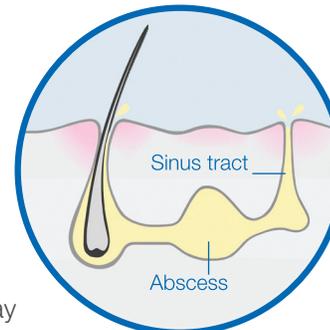
Inflamed hair follicle

Hair follicles become clogged by excess cells. This causes inflammation and deep bacterial infection of the hair follicle (boils). Boils may be painful, leak fluid, or have an odor. The hair follicle dilates and may rupture, spilling inflammatory contents into the skin.



Abscesses or sinus tracts

Inflammation can spread to form pockets of inflammation (abscesses) or tunnels of inflammation (sinus tracts). Sinus tracts may connect to the skin surface.



TRIGGERS

Friction and sweating: Exercise and sweating a lot may cause a flare. Clothing that you wear when you exercise may also contribute to the development of a flare by chafing against your skin and aggravating HS.

Weather: Some people with HS find that their HS is worse in hot, humid summer weather.

Clothing: Clothing that does not breathe and is tight-fitting might make your HS worse. Try to wear clothing that fits loosely and does not sit against the creases in your skin.

Weight gain: Patients with higher body mass index are more likely to have HS. It is well known that HS is associated with obesity, high blood pressure, diabetes, high cholesterol and overall higher cardiovascular risk. It has been shown that weight loss improves HS and helps HS management.

Alcohol intake: Some people with HS find that alcohol promotes flares of their disease.

Smoking: Smoking may trigger HS flares through different mechanisms.

Physical injury: A physical injury, either friction or chronic trauma, can be a trigger for HS.

Menstrual cycle: Some women with HS have observed a relationship between an HS flare and having their period. Some have also found that their HS symptoms are worse when they are about to menstruate.

Changes in medication usage: A flare of HS may result from a change in or stopping medication. This has been reported particularly with hormonal medications. If a change in your medication results in a flare, it is a good idea to consult with your certified dermatologist.

Stress management: Stress may produce a flare of your disease, so managing stress is important to prevent them. Emotional distress may also be a trigger for your HS.