



HS SOS

FLARE CARE

Hidradenitis Suppurativa (HS) Toolkit
for healthcare professionals

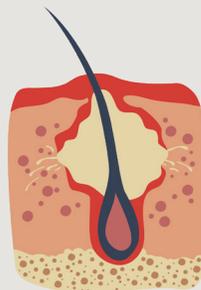
This resource serves as a concise guide for providers to use at their discretion to help patients with HS manage flares, alleviate symptoms, and improve their quality of life.

Since HS presentation varies between individuals¹, it's important to pay close attention to each patient's symptoms. Flares are an exacerbation of symptoms in HS that often result in increased pain, inflammation, and cicatrization.

Facing HS Flares Begins with Communication

Talk to your patient about the inevitability of flares and create a treatment plan before a flare occurs. An effective plan can expedite the initiation of treatment to possibly decrease severity and duration of a flare or help prevent the need for emergency care.

Treatment goals should focus on¹



**REDUCING
INFLAMMATION**



**CONTROLLING
PAIN**

Treatment Options for Medical Management of HS Flares

Use of this resource is not intended to be a substitute for, or an influence on, your independent medical judgment. Please exercise your medical discretion when diagnosing and treating your patient's medical condition.

FLARE Management²⁻³

SYSTEMIC STEROIDS

- Prednisone: 0.5 to 1.0 mg / kg / day for 3 - 4 days, then taper (0.125 to 0.25 mg / kg every 3 - 4 days until entirely off)
- Kenalog (Intra-muscular): 40 to 60 mg / 1 dose

TOPICALS

- Resorcinol: 15% cream
- Clindamycin: 1% solution BID for 12 weeks

INTRALESIONAL CORTICOSTEROID INJECTIONS

Triamcinolone: 10 to 40 mg / ml; 0.2 to 1.0 ml / lesion

ORAL ANTIBIOTICS

- Minocin: 100 mg po QD x 12 weeks
- Doxycycline: 100 mg po QD to BID x 12 weeks
- Tetracyclines: 500 mg BID x 12 weeks
- Clindamycin: 300 mg BID + rifampin 300 mg BID x 10 weeks

Pain Management⁴

TOPICAL ANALGESICS

Lidocaine: 4 - 5% cream
up to 6x / day

ORAL NSAIDS

- Ibuprofen: 400 mg every 4 - 6 hours
- Naproxen: 250 - 500 mg every 12 hours

INCISION AND DRAINAGE / DEROOFING SURGERY

QD = once a day. **BID** = twice a day. **TID** : three times a day. **NSAID** = nonsteroidal anti-inflammatory drug.

If flare symptoms do not resolve (monthly flares or many flares every year), reassess baseline maintenance therapy.

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Review by a patient partner



REFERENCES

1. Fernandez JP, Thompson AS, Kirby JS, et al. Characterizing physical symptoms of flare in hidradenitis suppurativa: a patient survey. Br J Dermatol. 2021;184(1):160-162.
2. Alikhan A, Sayed C, Alavi A, et al. American clinical management guidelines for hidradenitis suppurativa: a publication from the United States and Canadian Hidradenitis Suppurativa Foundations: Part II: Topical, intralesional, and systemic medical management. J Am Acad Dermatol. 2019;81(1):91-101.
3. Zouboulis CC, Desai N, Emtestam L, et al. European S1 guideline for the treatment of hidradenitis suppurativa/acne inversa. J Eur Acad Dermatol Venereol. 2015;29(4):619-644.
4. Savage KT, Singh V, Patel ZS, et al. Pain management in hidradenitis suppurativa and a proposed treatment algorithm. J Am Acad Dermatol. 2021;85(1):187-199.