

HS – the facts & figures

What is Hidradenitis Suppurativa?

- 01 Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease (Ingram, 2020)
- 02 HS presents with painful, secreting, malodorous lesions in areas near the apocrine or sweat glands (Fisher et al, 2020)
- 03 HS can have a profound physical and psychological impact on an individual (World Union of Wound Healing Societies [WUWHS], 2016).

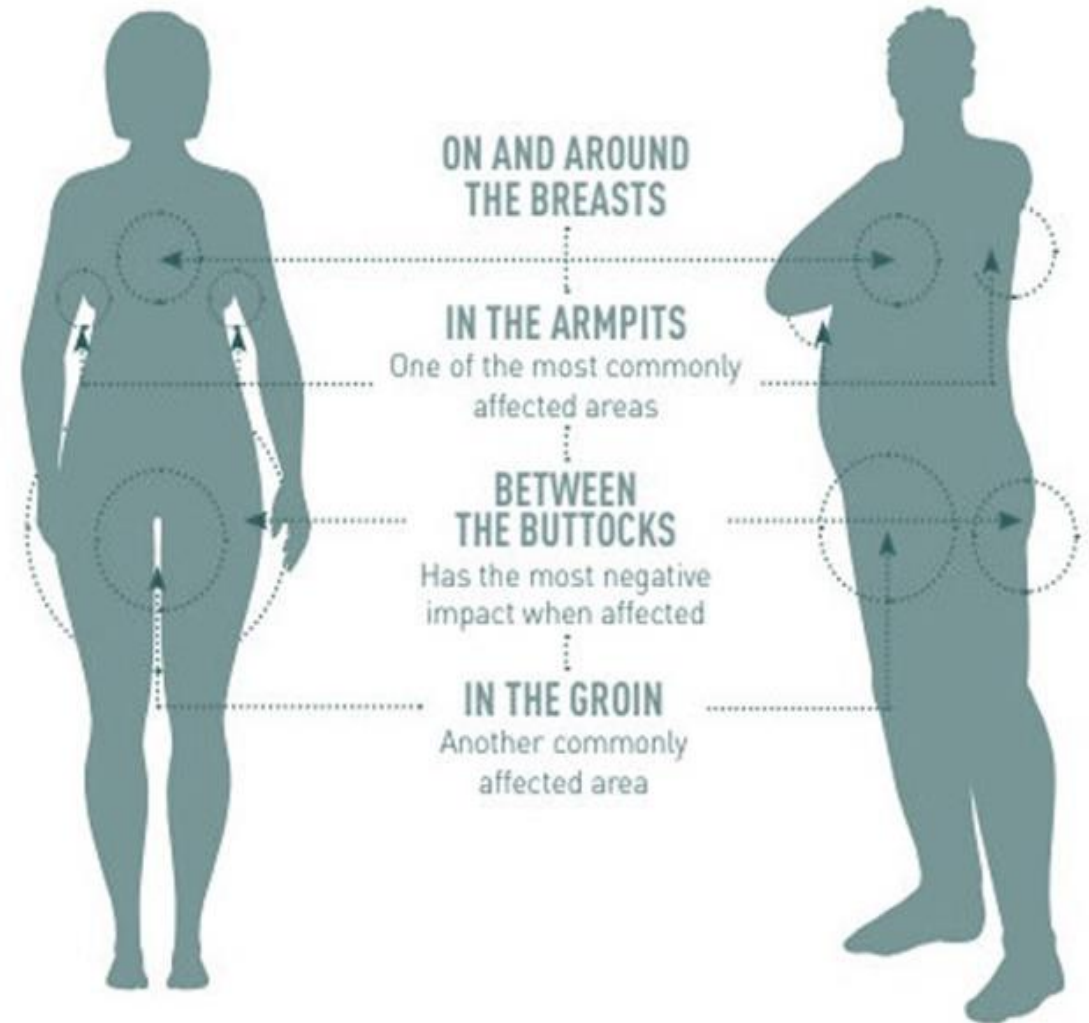


What is Hidradenitis Suppurativa?

HS most commonly involves axillary, inguinal, genitofemoral, gluteal, perineal and inframammary areas.

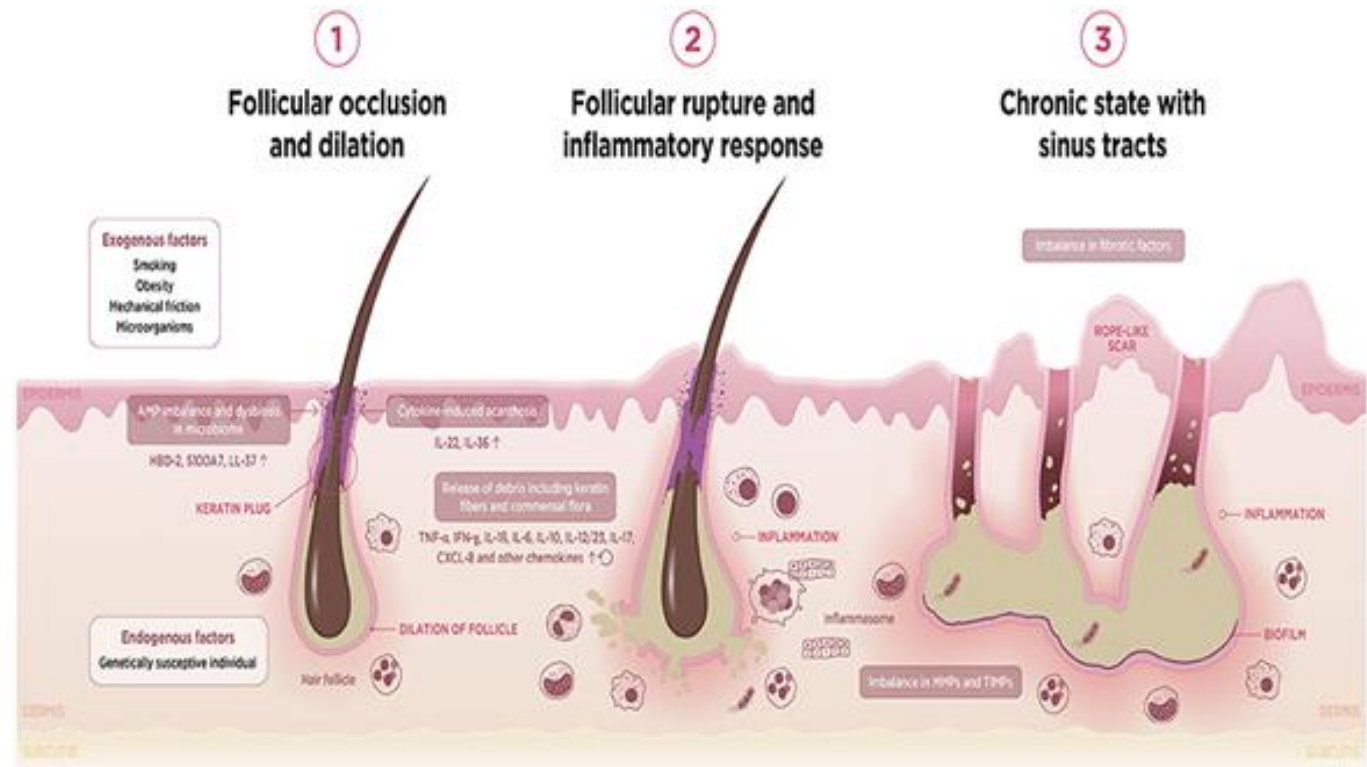
Less common anatomical sites include:

- Peristomal areas
- Areola of the breast
- Submammary fold
- Scalp
- Thighs (Zouboulis et al, 2015a).



Pathophysiology

1. Blockage and **inflammation** of follicle & dilation of follicle
2. Rupture of dilated follicle; release of contents; increased inflammation
3. Formation of tunnels (filled with fluid) between follicles and connecting to skin surface



Chronically inflamed wounds = MMP Overproduction!!

Proinflammatory cytokines identified in HS pathogenesis: NF-α, IL-17, IL-12/23, IL-1, IFN-γ, CXCL-8, and others

Occurrence of HS

- The prevalence of HS is thought to be 1% in Europe (Ingram et al, 2018)
- 200,000 people in the UK (OHE report 2023)
- Onset often in teenage years, or early 20s
- Three times more likely to develop in women than men (WUWHS, 2016)
- Often misdiagnosed as it can be confused with many other diseases (e.g. acne), as a result, diagnosis is often late
- Studies have shown that HS patients visit their GP five times before receiving a diagnosis and that the average time is seven to ten years (Anduquia-Garay et al, 2021)
- Estimated cost £3.8 billion

HS Classification – Hurley Staging

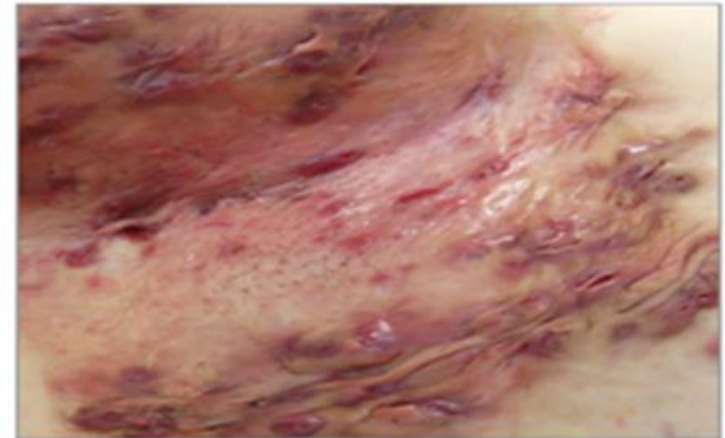
Stage 1
single isolated lesions
no sinus tracts/scars



Stage 2
single/multiple lesions
with sinus tracts



Stage 3
widespread diffuse
areas with sinus tracts



Signs and Symptoms

Nodules → Abscesses → Sinus tract → Severe lesions



Recognising Hidradenitis in the Clinical Setting

Location: Axillary Region & Breasts



Location: Buttocks, Groin, Upper thigh & Genitals



Atypical HS Anatomical Sites





SURGERIES AND TREATMENTS

- Short term and long-term antibiotics - various combinations over the years
- Intralesional steroid injections
- IV antibiotics - multiple trips to hospital almost annually
- Hormone therapy - Androgen blockers
- Metformin
- Adilumimab
- IV ertapenem - needed picc line
- Multiple surgeries ~13



DIARY OF A HS FLARE

Day 1: Fatigue and Malaise. Area is a little sore, warm and tender, by evening it is swelling and hot to the touch.

Day 2: Area is more inflamed and painful. Mobility is affected. Skin is stretched and tight. Will continue like this for several days.

Day 7-8: An opening has appeared in the skin. The lesion will drain now. There are sinus tracks beneath the skin which will continuously trickle and drain.



AFTERMATH OF HS FLARES AND DAY TO DAY EXPERIENCE

- Areas of skin left scarred, pitted and disfigured
- Open skin trying to heal
- Pain and restricted movement
- Clothing choices affected
- Regular drainage wound care requirement

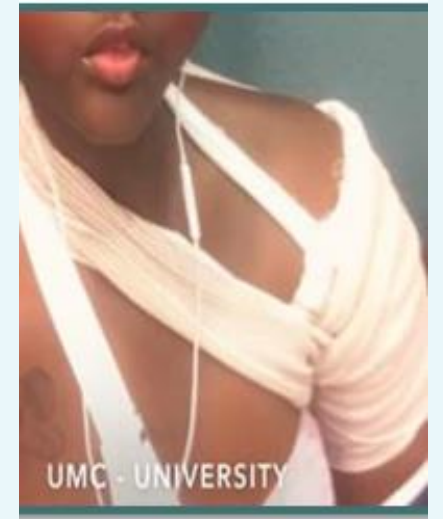
Daily Wound Care: My Biggest Challenge

- Stains and odor lead to anxiety
- Bulky and Indiscreet
- Rubbing and chafing causing further irritation and discomfort
- Adhesive Skin Damage
- The dressings are not designed for HS patients



Wound Care Challenges

- Restricted movement
- Leakage and lost dressings
- Embarrassment and shame
- Difficult to apply, adjust and remove
- Dressings noticeable under clothing



Patients Use a Variety of Dressings

Adhesive Island Dressings
Specialist Foam Dressings



Gelling Fibre Dressings
Non-Adhesive Dressings with Tape



Improvised Dressings







<https://www.youtube.com/watch?v=yxwk5EY90QI>

Recommendations

OFFICE OF HEALTH ECONOMICS
CONTRACT RESEARCH



Increase awareness of HS

- Inform and educate the general public about HS symptoms and its impact on those living with HS
- Improve awareness among clinicians, particularly in the primary care setting
- Raise awareness among employers to decrease the social and professional stigma around the condition and the burden of associated comorbidities



Improve service integration and holistic, person focused care

- Improve access to pathways for integrated psychological services and appropriate weight loss and smoking cessation support
- Facilitate a shift towards treating the patient as a partner in treatment decisions to improve patient-physician relationships
- Ensure clinicians are able to record HS accurately and consistently in patient records; supported by improved data coding and infrastructure



Improve and expedite access to appropriate treatments

- Greater education of wound management and prescription of suitable dressings
- Address variation in uptake and use of biological medicines to ensure patient have equitable access to appropriate treatments
- Improve dermatological services by training and employing more specialist nurses and wider members of the multidisciplinary teams
- Facilitate the use of teledermatological appointments where appropriate

Conclusion

