

Please provide the patient with hidradenitis suppurativa information leaflet by the British Association of Dermatologists.
 This can be found on their website: <http://www.bad.org.uk/shared/get-file.ashx?id=88&itemtype=document>

History and Examination and Exclude Additional Pathology

Focused history:

- Age of onset
- Personal or family history of H.S or inflammatory bowel disease or acne?
- Severity assessment (mild/moderate/severe) – Hurley stage
- Quality of life assessment
- Smoking history/ hormonal component (e.g. worse around menstruation? On POP?)
- Any joint pains?

Examine:

- Distribution, severity – inflammatory nodules, comedones, abscesses, sinus tracts, scars
- BMI measurement: obesity is associated with increased prevalence and severity of disease

Exclude:

- Symptoms or signs suggestive of acute secondary bacterial infection (lesions are spread in a random fashion and more pustular)
 - o Send bacterial swab
 - o Commence oral antibiotics according to swab if acute secondary infection likely
- Exclude folliculitis or a simple abscess (usually single lesion)
- Cutaneous Crohn’s disease (erythematous pustules and nodules)

Investigations: FBC, fasting lipids & glucose (diabetes can be linked)



Hurley stage I



Hurley stage II



Hurley stage III



Folliculitis

Step 2: General considerations in management of Hidradenitis Suppurativa

- Encourage to stop smoking and lose weight with appropriate support if needed
- Consider starting females on combined oral contraceptive in women reporting premenstrual flare – e.g. dianette (NB. POP makes H.S worse)
- Loose fitting clothing
- Address analgesia using WHO pain ladder: HS can be very painful
- Incision and drainage of pus of acutely pointing painful lesions (via A&E)
- 4% chlorhexidine wash or similar
- Swab if patient reports acute flare and treat any bacteria grown with appropriate antibiotics (and/or refer to A&E for Incision and Drainage if appropriate)
- Issue BAD patient information leaflet available at: <http://www.bad.org.uk/shared/get-file.ashx?id=88&itemtype=document>

Step 3: Treatment Photos courtesy of dermnet

Hurley stage 1	Hurley Stage 2 & 3
1. Topical clindamycin 2% lotion with benzoyl peroxide BD OR hydrogen peroxide solution for 3 months AND/OR 2. Lyme cycline 408mg OD for 3 months or Doxycycline 100mg OD or tetracycline 500mg BD or erythromycin 500mg BD for 3 months AND/OR 3. Consider referral to plastic surgery if isolated disease in the axilla	1. Topical clindamycin 2% lotion with benzoyl peroxide BD OR hydrogen peroxide solution for 3 months AND 2. Lyme cycline 408mg OD for 3 months (can increase to BD for further 3 months) or Doxycycline 100mg OD or tetracycline 500mg BD or erythromycin 500mg BD for 3 months <u>IF FAILS:</u> refer to secondary care for consideration of: Clindamycin 300mg BD with Rifampicin 300mg BD: 6-12 week course Surgical input Intralesional corticosteroids into nodules can be helpful

Potential Complications:

- Chronic inflammation can lead to local lymph drainage resulting in lymphoedema
- Painful fistulating disease can occur and there is a risk of osteomyelitis (with deep seated, recurrent infection)
- SCC may occur in chronic inflammation associated with Hidradenitis Suppurativa

When to refer:

- * Frequent exacerbations that are causing distress despite the above treatment
- * Scarring
- * Limited response to above treatment