HS Autoinflammatory, and not your fault.

UQ Dermatology Research Centre HS website

- learn about current HS research, access patient resources

Access the 'HS Australia' Support Group website and "connect with other warriors"

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HS Facts

Patients experience a significant **delay to diagnosis** ranging from an average of **7 to 10 years**.(5)

The prevalence of HS in Australia is estimated to be **0.7%**(6)

It is estimated **30-40%** of patients report a **family history** of HS.(7)

HS is associated with several other conditions, including: polycystic ovarian syndrome, inflammatory bowel disease, metabolic syndrome, diabetes mellitus type 2 and depression.(5)

HS can have a **significant impact on mental health** and quality of life.(5)

Disclaimer: information in this brochure is based on personal experience treating HS patients. This is an interpretation of the literature and is not intended to be definitive or include all treatments previously reported. This is what we have found works in our clinical practice.

Last updated 14/02/24

Hidradenitis Suppurativa

Patient education and treatment guide

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Supported by

The University of Queensland

Dermatology Research Centre

What is HS ? [1,2]

A chronic autoinflammatory skin condition.
Immune system malfunctioning.

CLINICAL SIGNS:

Nodules, abscesses, sinus tracts, fistulas and scars. Common sites: axilla, groin and buttock.

WHAT CAUSES HS?

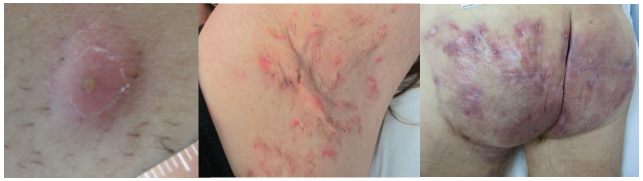
Research is ongoing, what we know so far: hair follicle becomes blocked with keratin -> inflammation, increased pro-inflammatory cytokines (e.g. IL-1, IL-17, TNFalpha) -> follicle ruptures -> chronic inflammation causing sinus tracts, abscess and cyst.

RISK FACTORS:

- smoking - 13 times increased risk(2)
- genetics
- hormone changes
- obesity - 4 times increased risk(2)

STAGING[3]

HS Hurley classification



I: Mild
Isolated abscess

II: Moderate
Scarring and sinus tracts, some normal skin.

III: Severe
Diffuse scarring and sinus tracts

Treatment [2,4,5]

Your HS treatment may consist of a number of different branches

PREVENTION OF NEW HS LESIONS

- ☐ Washes: phisohex or chlorhexidine, daily.
- ☐ 1% clindamycin lotion: apply daily to affected HS areas, after shower.
- ☐ Lifestyle changes: smoking cessation and healthy body weight.
- ☐ Avoid triggers: heat, friction, tight clothing, and prominent seams
- ☐ If your current hair removal practices cause flares, consider IPL hair removal.

WHEN YOU DEVELOP A NEW NODULE

- ☐ Resorcinol 15% in emollient base: a peeling/drying agent. Apply to new nodules 1-2 times a day.

WOUND CARE

For discharging sinus tracts or nodules: simple absorbent dressings, eg: sanitary napkins, gauze, combine. Avoid adhesive dressings and tapes.

ORAL MEDICATIONS

Antibiotics (anti-inflammatory action)

- ☐ Doxycycline: daily (at breakfast) for 3-4 months

Hormonal blockers:

- ☐ Spironolactone
- ☐ Oral contraceptive pill
- ☐ Metformin

INTRALESIONAL CORTICOSTEROID INJECTIONS

- ☐ Steroid solution (e.g. kenacort A10) injected into an inflamed HS lesion.

BIOLOGICS

- ☐ An injection that targets inflammatory markers that drive HS, e.g TNF, IL-1, IL-17. For moderate to severe HS that is not responding to other treatments.

SURGERY

- ☐ Deroofing: definitive treatment for painful recurrent nodules, fistulas or sinus tracts. Healing from the base up, leaves a scar.

Learn more about what is HS by watching our video, scan QR code

Learn more about HS deroofing surgery