

# Hidradenitis Suppurativa

## FAST FACTS

**10.0 ± 9.6**  
**years**

The average duration from manifestation of first symptoms until HS diagnosis

During this time, HS patients consulted on average more than three different physicians—most frequently general practitioners, dermatologists, surgeons, gynecologists—and faced more than three misdiagnoses.

**Hidradenitis suppurativa (HS) is a chronic inflammatory and scarring skin disease that typically involves the axillae, buttocks, groin and/or the area under or between the breasts. Hidradenitis manifests as recurrent painful boils or abscesses in the affected areas.**

## ASSESSMENT

Perform a standard history and physical exam. Recurrent abscesses are considered HS until proven otherwise. Clues for PCP are location (axilla, inframammary, groin, buttocks) and family history.

Review history for recurrent abscesses or boils in the abovementioned areas. Early disease will have nodules. As disease progresses, scarring and interconnected sinus tracts form. Inquire about a family history of similar lesions (about 20% of patients have a family history of HS).

## HISTORY AND PHYSICAL EXAM RED FLAGS

- Disruption of activities of daily living
- Lesions that recur frequently
- Severe pain

## MANAGEMENT/TREATMENT

Do not perform incision and drainage, which can create scar tissue (a potential nidus for more inflammation).

Educate the patient/parent about home care.

- Apply warm compresses to active lesions.
- Start benzoyl peroxide 5% wash or chlorhexidine wash to affected areas daily in the shower and rinse off.
- Start clindamycin lotion BID to affected areas for flares.
- Two-week courses of an antibiotic such as doxycycline or augmentin can be used for active flares.

Encourage the patient to lose weight and avoid smoking, if appropriate.

## WHEN TO REFER

Hidradenitis is a progressive, scarring disease. Refer to the Cincinnati Children's Department of Dermatology for further evaluation and management if disease is not controlled with the above measures or if red flags are present. Consider starting doxycycline 100mg BID while the patient is waiting for a dermatology appointment.

Dermatologists may perform intralesional Kenalog off-label for these lesions and/or prescribe Humira or Cosentyx, the only medications approved by the Food & Drug Administration for HS. In some cases, surgery is necessary.

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

**For more information or to discuss a case, contact the Division of Dermatology at 513-636-4215 or [dermatology@cchmc.org](mailto:dermatology@cchmc.org)**

# Hidradenitis Suppurativa

**Patient Presents**

**Standard Workup**

- Perform a standard history and physical exam.
- Review history for recurrent abscesses or boils in the axillae, buttocks, groin and/or the area under or between the breasts. Early disease will have nodules. As disease progresses, scarring and interconnected sinus tracts form.
- Inquire about a family history of similar lesions.

**Concerns for HS?**

Yes

No

**HISTORY AND PHYSICAL EXAM RED FLAGS**

Consider alternative diagnoses

- Disruption of activities of daily living
- Lesions that recur frequently
- Severe pain

Yes

No

**Educate the patient/parent about home care**

- Apply warm compresses to active lesions.
  - Start benzoyl peroxide 5% wash or chlorhexidine wash to affected areas daily in the shower and rinse off.
  - Start clindamycin lotion BID to affected areas for flares.
  - Two-week courses of an antibiotic such as doxycycline or augmentin can be used for active flares.
- Do not perform incision and drainage, which can create scar tissue (a potential nidus for more inflammation).
- Encourage the patient to lose weight and avoid smoking, if appropriate.

**Controlled with above regimen?**

No

Yes

**Refer to Cincinnati Children's Department of Dermatology for further evaluation and treatment**

**Continue treatment**

- Referral criteria:
- Disease is not controlled with first-line treatment
  - Red flags are present
- Consider starting doxycycline 100mg BID while the patient is waiting for a dermatology appointment.