

## CME MCQ – 24

### Treatment of Hidradenitis Suppurativa with Tumour Necrosis Factor- $\alpha$ Inhibitors

*The following questions are based on the Review article in Acta Derm Venereol 2009; 89: 595–600 by Pia Haslund et al; Treatment of Hidradenitis Suppurativa with Tumour Necrosis, Factor- $\alpha$  Inhibitors.*

1. Hidradenitis suppurativa (HS) is a common inflammatory skin disease characterized by (indicate correct statements below):
  - A. Male preponderance.
  - B. The point prevalence of HS among young adults is 4.1%.
  - C. Aetiology and pathogenesis are unknown.
  - D. Several case series report an association with Crohn's disease.
  - E. Follicular occlusion appears to play a role.
  - F. Localized primarily on glabrous skin.
2. Currently available therapeutic options with reportedly successful outcome in trials or several case reports include:
  - A. Isotretinoin.
  - B. Acitretin/etretinate.
  - C. Wide surgery.
  - D. Cyclosporine.
  - E. Vitamin D.
  - F. Dapsone.
3. The anti-inflammatory effects of TNF- $\alpha$  inhibition are well known, and studies have suggested that the use of TNF-inhibitors may also play a role in HS. Indicate correct statements regarding the efficacy and potential clinical use of TNF- $\alpha$  inhibitors in HS:
  - A. TNF- $\alpha$  inhibition has never been documented to be beneficial in HS.
  - B. The published trials of TNF- $\alpha$  inhibition in HS suggests that only a minority of patients do not experience effect.
  - C. Encouraging reports exist of long-term remission of HS after TNF- $\alpha$  inhibition.
  - D. TNF- $\alpha$  inhibition has only been shown to be effective i HS when combined with other immunosuppressant's.
  - E. More than 977 published cases of TNF- $\alpha$  inhibition in HS.
  - F. TNF- $\alpha$  inhibition in HS should always follow a high-dose regimen.