

Holistic Aspects of Hidradenitis Suppurativa in an Outpatient Clinic at Skåne University Hospital

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The SPIRA scholarship has been created by AbbVie to stimulate new innovations for developing the caretaking process of patients with hidradenitis suppurativa and psoriasis. Below is a report from the award winners of 2017 on their work.



Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease characterized by recurring painful abscesses and draining fistula, resulting in hypertrophic disfiguring scars. The disease is primarily localized to the armpits, groin and areas where skin rubs together. HS is more common in women, overweight/obese patients and smokers. The disease affects about 1% of the general population, and it has a great impact on the patients' quality of life leading to social isolation and low self-esteem. The diagnosis, and thus proper treatment, is often delayed and most patients have been given numerous ineffective antibiotic treatments due to the misconception of HS being an infectious disease. The cause of HS is still unclear but hyperkeratosis and occlusion of the hair follicle, with ensuing inflammation are considered important factors for development of the disease. Genetic factors also seem to be of importance and in some families specific gene mutations have been found. The treatment of HS is often challenging but various anti-inflammatory agents (e.g. antibiotics as lymecycline or rifampicin/clindamycin or biologics as adalimumab) can be used, or an affected area can be excised by surgery or CO₂-laser.

We started an outpatient clinic focused on patients affected by HS 3 years ago at the Department of Dermatology and Venereology, Skåne University Hospital in Lund. This work was recently awarded with a grant (the SPIRA stipendium, 50.000 SEK). The patients in our clinic are, in addition to being

treated with systemic medication and with CO₂-laser surgery, given opportunities to make lifestyle changes. Using this holistic approach, we try to make a health plan for each patient which we believe improves the compliance to the treatment. A nurse-controlled outpatient clinic has also been initiated in order to make the care more effective. The gained knowledge is also mediated to regional GPs and other dermatologists by lectures about HS. So far, we have developed a patient information brochure about the disease and we are right now working on a systemic treatment algorithm based on practical experience and current literature. European guidelines on the treatment of HS were published in 2014 and there have been many publications about HS since then (1–3). It is a challenge to work with HS and exciting to follow what happens in the field of HS over the next years!

References

1. European Dermatology Forum S1 guideline 2014. <http://www.euroderm.org/images/stories/guidelines/2014/Guideline-on-Hidradenitis-suppurativa-S1.pdf>.
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