

## IN THIS ISSUE...

### **New Treatment Options in Hidradenitis Suppurativa?**

Hidradenitis suppurativa is an “ugly” disease: secretion of pus from your axillae and/or groin; who wants that? The quality of life of patients is therefore not very good.

Yes, we can treat it with topical clindamycin and tetracyclines and, in the minor cases, this may control the symptoms; but do we have new options?

First, Dr Matusiak et al. (p. 601–603) describe that TNF- $\alpha$  levels are increased in patients with hidradenitis suppurativa; however, strangely enough, not related to disease severity. The question is: Does the TNF- $\alpha$  level reflect disease development, or is it a secondary marker of inflammation?

Dr Haslund et al. (p. 595–600) have performed an overview of 101 patients treated with anti-TNF-agents and find that most, but not all, of the patients benefit from this kind of therapy.

So, whom should we select to receive this very expensive therapy? And will it be helpful for longer remission periods? Clearly more data and randomized clinical trials are needed.

Hidradenitis suppurativa is a serious clinical problem, and, therapeutically, we need some guidelines. It is hoped that Dr Haslund et al. will be able to elaborate on treatment strategies in a future article.

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