key points

SELECTED BY

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Hidradenitis suppurativa affects the apocrine-bearing areas of the skin. The onset is variable but usually occurs in the second and third decades of life, coinciding with development of the apocrine glands.

The condition is characterised by painful, inflammatory papules and nodules which frequently progress to form abscesses, sinus tracts and hypertrophic scars. The complications of hidradenitis suppurativa include lymphatic obstruction or contractures from scarring, sacral osteomyelitis, anaemia and formation of pyogenic granulomas. Squamous cell carcinoma is another well recognised but rare risk in these patients.

A number of different factors have been implicated in the aetiology of hidradenitis suppurativa, including genetics, obesity and smoking. Recent studies have found mutations in the gamma-secretase genes, which could possibly contribute to the follicular occlusion pathway. Metabolic syndrome is significantly more common in hidradenitis suppurativa patients than those without the condition ($P < 0.001$), and obesity is also well recognised as an independent factor.

Bacteria are not felt to have a primary role in lesion formation, and abscesses are often sterile. The diagnosis of hidradenitis suppurativa is clinically based, without a specific diagnostic test. The most important non-genetic factors implicated in hidradenitis suppurativa are obesity and smoking.

Locally recurring lesions can be treated surgically and more widespread disease may be better managed with a combination of medical treatment and surgery. However, first-line treatment in the form of topical clindamycin 1% is advocated for mild disease. The next treatment option is oral antibiotics, initially, a tetracycline, such as lymecycline for four months. More potent treatment options for recalcitrant disease include combination therapy of oral clindamycin (300 mg twice daily), and rifampicin (300 mg twice daily for three months), which leads to an improvement in about 80% of cases. If this proves ineffective, retinoids are often used.

The advent of biological therapies has significantly improved the outcome for hidradenitis suppurativa patients. A systematic review in 2012 found that 89% of hidradenitis suppurativa patients treated with infliximab had a moderate or significant response, as did 79% of patients treated with adalimumab. Hidradenitis suppurativa is a painful, debilitating and under-researched condition that has a high psychological and physical burden on the people it affects.