

Guidelines issued for managing hidradenitis suppurativa

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(HealthDay)—In a two-part guideline, published in the July issue of the

Journal of the American Academy of Dermatology, the United States and Canadian Hidradenitis Suppurativa Foundations present recommendations for the diagnosis, evaluation, and management of hidradenitis suppurativa.

Ali Alikhan, M.D., from Sutter Health in Sacramento, California, and colleagues reviewed the evidence related to diagnosis, evaluation, and management of hidradenitis suppurativa. The authors note that Hurley staging is recommended for grading hidradenitis suppurativa in the clinical setting. Patients should be screened for comorbidities, including diabetes, metabolic syndrome, depression/anxiety, and polycystic ovarian syndrome. Limited-quality evidence is found for recommendations on lifestyle modifications, including smoking cessation, screening for obesity, and counseling for weight loss. Surgical management includes deroofting for recurrent nodules and tunnels; incision and drainage to relieve pain in acute abscesses; and wide local scalpel, carbon dioxide, or electrosurgical excision for extensive chronic lesions. Continuing [medical therapy](#) in the preoperative period is likely to be beneficial. Pain management should start with [disease control](#); multidimensional aspects of pain should be considered.

Alikhan and colleagues reviewed the evidence relating to topical, intralesional, and systemic medical management for the second part of the guideline. The guidelines suggest that topical clindamycin may reduce pustules, but carries a risk of bacterial resistance; resorcinol cream is recommended but may induce contact dermatitis. Tetracyclines are recommended for a 12-week course or long-term maintenance in mild-to-moderate disease. Clindamycin plus rifampin is an effective combination for second-line treatment. Hormonal agents should be considered in appropriate female patients.

"These guidelines aim to help clinicians make optimal treatment decisions, but standard of care management requires an individualized

approach because rigorous evidence is unavailable for most interventions," Alikhan and colleagues write.

Several authors from both guidelines disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text Part I](#)
[Abstract/Full Text Part II](#)

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