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www.pearlyeemd.com

2340 Irving Street, Suite 108, San Francisco, CA 94122
(415) 753-2929 • (415) 753-3939 (Fax)
3838 California Street, Suite 412, San Francisco, CA 94118
1447 Powell Street, San Francisco, CA 94133
(415) 677-9958

Hidradenitis Suppurativa (HS)

A Clinical Condition:
HS is an inflammatory skin condition, likely autoimmune in nature and linked to a genetic predisposition. Up to 4% of women have recurrent inflammatory boils that affect the sweat glands of the underarms and groin due to HS. These boils may connect by sinus tracts, flare before menses, cause pain, drainage, odor or scarring. HS occurs three times more often in women than men. A family history of HS is noted in one third of patients. HS could be mild or severe and extend onto the anus, buttocks and breasts. Severe cases are associated more often with a history of smoking and obesity. Other conditions found associated with HS are severe Acne (over half), Pilonidal Cysts, Crohn's disease (up to 17%) and Arthritis.
HS lesions appear as boils and may progress to tracts, nodules, granulomas and scars. Routine cultures and biopsies are not helpful in making the diagnosis but may be indicated for difficult cases. Most flares are treated locally without the need for drainage or oral antibiotics. Atypical and extensive cases will need a careful evaluation and possible ultrasound testing for extensive surgery.

Treatment of HS Flares: (no formal guidelines exist for treatment)
Mild flares:

1. Cessation of any smoking and weight loss if applicable
2. Local comfort measures (see handout on Healthy Vulvar Care)
3. Avoidance of rubbing (mechanical stress) the affected areas
4. Benzol peroxide 10% topically twice a day alone or in combination with other treatments or
5. Topical Clindamycin 1% (10mg/ml) twice a daily to lesions for 3 months
6. Injections of the worse lesions with glucocorticoids has shown clinical benefit (Triamcinolone 2-5mg/lesion). This prescription medication is given in the office.

Moderate flares:

1. Single treatment with Tetracycline 500mg 2x/ay x 3 months (no studies on single agents) or
2. Dual treatment with both: Clindamycin and Rifampin – both at 300mg 2x/day x 3 to 6 months (50% responded)

Limited studies:

1. Treatment of severe cases with systemic immunosuppressive agents (Cyclosporin, adalimumab) showed variable benefit.
2. Surgery is reserved for severe and unresponsive lesions.
3. Laser treatments have been attempted

Follow up:
Patients should return to the office monthly until improvement is confirmed to tailor treatments.