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# HIDRADENITIS SUPPURATIVA

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**Introduction:** A Chronic Inflammatory Skin Condition Hidradenitis Suppurativa, or acne inversa, is a chronic recurrent inflammatory disorder of the skin. The condition affects areas of the body where there are apocrine glands – specifically, armpits, groin, and buttocks. It causes painful nodules, abscesses and scarring which may significantly impact the quality of life due to pain, odors caused by fluid drainage from the lesions, and emotions involved. Hidradenitis suppurativa is not contagious. It is also not caused by poor hygiene. It can improve with treatment but without any treatment, it deteriorates over time. Its prevalence is estimated to be 1-4% (Godiwalla et al., 2020; Jafari et al., 2020).

**Symptoms:** Symptoms of hidradenitis suppurativa depend on the severity of the condition ranging from mild symptoms to the formation of sinuses and scarring. Sex is one of the predictors of stroke among those who suffer from HS (Okwundu, 2024; Smith et al., 2017).

Causes and Risk Factors Although there are no clear causative factors for hidradenitis suppurativa, current research suggests that there is an interaction between genetic factors, the immune

## Diagnosis and Staging

Hidradenitis suppurativa is diagnosed via physical examinations and assessing the severity. (Okwundu 2024; Patel et al., 2017)

## Treatment Options

As the condition is chronic and progressive, both pharmacological therapy and surgical options and lifestyle change are recommended.

Understanding Hidradenitis Suppurativa: A Chronic Inflammatory Skin Condition: This comprehensive article aims to discuss hidradenitis suppurativa and examine aspects related to the condition, including its pathophysiology, diverse clinical presentation, epidemiology, and current diagnostics and treatment approaches.(Sabat et al., 2020; Virone et al., 2025)

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**Clinical Features:** Following puberty, hidradenitis suppurativa presents itself with deep nodules. Those can persist for months. They can also be seen as boils. However, they are neither the result of an infection nor caused by one. Hair follicle blockages are what leads to the appearance of those nodules. They can eventually lead to abscesses, tunnels, draining of pus, scarring, and deformities. Hidradenitis suppurativa can be moderate or severe. Depending on the condition, the patient might suffer from multiple lesions, whereas some individuals might develop just a few nodules. Hidradenitis usually affects the areas around armpits, groin, and the buttocks. Among its symptoms are nodules, pustulose discharge, exhaustion, and depression. (Krajewski et al., 2024; Jemec, 2012) system response, and the environment

**Etiology and Pathophysiology**

The blockage of hair follicles, leading to inflammation and formation of tunnels and scarring, is considered the cause of hidradenitis suppurativa. The disorder can be a consequence of systemic factors, genetic predisposition, hormonal changes, obesity, smoking, and the presence of an altered microbiome.

Bacteria are thought to infect the tunnels and contribute to aggravation but are not the initial cause of hidradenitis suppurativa. Contrary to its classification as an autoimmune disease, the condition belongs to autoinflammatory conditions. Friction in skin folds is likely to make hair follicle obstruction even worse. (Vossen et al., 2018; Queirós et al., 2025; Jemec, 2012)

**Staging and Diagnosis**

| Stage | Description | Features |
|---|---|---|
| I | Mild | Abscesses, one or more, without tracts or scars |
| II | Moderate | Recurrent abscesses with distinct lesions and tracts or scars |
| III | Severe | Minimal normal skin, severe diffuse interconnected tracts/abscesses |

(Guet-Revillet et al., 2014; Patel et al., 2017)

Diagnosis of hidradenitis suppurativa relies on a physical exam and review of the patient's medical history. The physician will examine the patient for the presence of any lesions, such as nodules, abscesses, or tunnels. Other diseases will be ruled out by finding out when the condition first emerged. Management will be guided by the Hurley stages. There are three stages:

**Epidemiology and Risk Factors**

HS is seen in adults aged 20 to 40 and affects women three times more often (3:1). It affects mostly smokers (70-90%), obese individuals (BMI>30), and those who suffer from metabolic syndrome. Comorbidities (IBD, PCOS, spondyloarthropathy) and associations with genetics (γ-secretase mutations) are common. 0.05-4% is its prevalence. This condition is frequently misdiagnosed, and it may take up to 7-10 years for a proper diagnose. (Kirby et al., 2024; Andersen et al., 2021; Gau et al., 2022)

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**Methods of Treatment**

Treatment is multilayered and addresses inflammation, infection, and structure; it has no cure:

●**Lifestyle Changes:** Altering your lifestyle may reduce the intensity of hidradenitis suppurativa; giving up smoking and weight loss can result in halving the incidence of flare-ups.

● **Medical**:

| Mild-Moderate | Moderate-Severe |
|---|---|
| antibiotics, like clindamycin | Oral antibiotics, like doxycycline |
| Intralesional steroids | Biologics, like adalimumab |

●**Surgical:** When the condition is severe, surgery options (deroofing, wide excision) need to be considered. There are some new approaches under development: JAK inhibitors and IL-17/IL-23 inhibitors.

●**Emerging Methods:** Hidradenitis suppurativa might be kept from progressing through early intervention. Such treatment requires the expertise of a team of medical specialists including psychologists, surgeons, and dermatologists.Features of the Stage Description (Fragoso et al., 2023; Tricarico et al., 2022; Ames et al., 2024)

**Prognosis and Psychosocial Consequences**

The quality of life could be influenced by the presence of hidradenitis suppurativa. Possible results include pain, odor, and psychosocial issues. The complications might cause anxiety, depression, and reduced self-esteem. Counseling and joining support groups can help people handle the consequences of hidradenitis suppurativa.

Remission is possible with treatment. Monitoring is essential to avoid any flare-up. (Ajayi et al., 2023; Bellei et al., 2023; Brahe, 2022; De et al., 2022; Esmann & Jemec, 2011; Jeha, 2021; Patel et al., 2017; Sampogna & Bewley, 2024, n.d.)

**Conclusion:** Hidradenitis Suppurativa is a chronic debilitating inflammatory skin disorder that poses a considerable physical, mental, and financial burden to its sufferers (Bellei et al., 2023; Fabbrocini et al., 2021). The effective treatment of HS and addressing challenges, including frequent misdiagnosis and delayed treatment, require a multimodal approach (Bellei et al., 2023).

Integrated Diagnosis and Treatment

Multidisciplinary approach to diagnostics and treatment, involving several specialists to achieve a holistic treatment strategy, becomes more and more popular among modern management approaches (Fabbrocini et al., 2021). The advancements in diagnostics made it

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possible to make use of highly advanced diagnostics equipment like Power Doppler sonography and ultrasonography (Fabbrocini et al., 2021).

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