





# MILD-MODERATE-SEVERE

## Medical Management of Hidradenitis Suppurativa (HS) Stages

This resource shares knowledge about treatment regimens for your patients with HS. It includes an overview of available treatment strategies based on the Hurley staging system and North American guidelines.

Symptoms in patients with HS can often be managed with medical therapies alone.<sup>1</sup>

Regardless of disease severity, treatment goals for HS include<sup>1</sup>:

-  **PREVENT** lesion formation
-  **TREAT and MANAGE** existing lesions
-  **REDUCE** associated symptoms
-  **ELIMINATE** existing nodules and sinus tracts before extensive scarring occurs

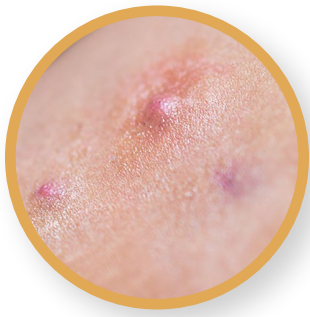
Actual patient  
living with HS

## Hurley Staging System Guided Treatment Based on North American Clinical Management Guidelines for HS

Hurley classification is useful for rapid classification of HS severity, but it has limitations and is not a precise monitoring tool.<sup>2</sup>

Use of this resource is not intended to be a substitute for, or an influence on, your independent medical judgment. Please exercise your medical discretion when diagnosing and treating your patient's medical condition. UCB does not offer personalized medical diagnosis or patient-specific advice.

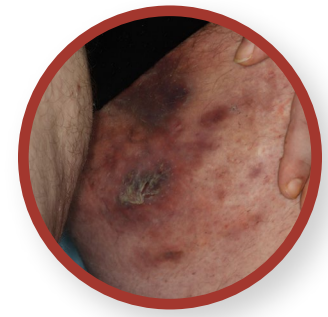




## **HURLEY STAGE I<sup>3-4</sup>** (MILD)



## **HURLEY STAGE II<sup>3-4</sup>** (MODERATE)



## **HURLEY STAGE III<sup>3-4</sup>** (SEVERE)

Images are of actual clinical trial patients at baseline.

- » **Topicals:** clindamycin 1% solution BID for 12 weeks, antiseptic washes, resorcinol 15% cream BID
- » **Systemic antibiotics:** tetracycline 500 mg BID, doxycycline 50-100 mg BID
- » **Intralesional corticosteroids:** triamcinolone 10 mg/mL; 0.2-2.0 mL/lesion
- » **Anti-androgen:** combination contraceptives (ex: drospirenone\*/ethinyl estradiol), spironolactone 100-150 mg QD, finasteride 2.5-10 mg QD

- » **Patients in advanced Hurley Stage I should be considered candidates for moderate treatments**

\*Must include anti-androgen component.

- » **Systemic antibiotics:** tetracycline 500 mg BID, combination clindamycin 300 mg BID, and rifampin 300 mg BID for 12 weeks
- » **Oral retinoids:** acitretin 0.5-0.6 mg/kg/day
- » **Biologics**
- » **Systemic corticosteroids:** prednisone 0.5-1 mg/kg/day for 3-4 days and then taper

**The goal is to aggressively treat earlier stages to delay disease progression and surgical interventions**

# Dermatology-Oriented Algorithm for HS Pain Management Based on Evidence in Other Diseases and Authors' Opinions<sup>5</sup>

## NOCICEPTIVE PAIN<sup>5</sup>

ACHING, THROBBING,  
WELL-LOCALIZED PAIN

- » **Topical NSAIDs:** 2 g to affected area QID up to 32 g/day
- » **Topical lidocaine:** 4-5% cream up to 6x/day
- » **Intralesional triamcinolone:** 10 mg/mL; 0.2-2.0 mL/lesion
- » **Tramadol:** max dose 20 pills/episode
- » **NSAIDs**
- » **Duloxetine:** 30 mg QD; after 1 week 60 mg QD; max dose 120 mg daily
- » **Nortriptyline:** 25 mg qHS; ↑ by 25 mg/day every 3-7 days; 150 mg daily max dose

## NEUROPATHIC PAIN<sup>5</sup>

TINGLING,  
SHOCK-LIKE,  
BURNING PAIN

- » **Gabapentin:** 300 mg for 1 day; ↑ dose by 300 mg/day until max tolerated dose
- » **Duloxetine:** 30 mg QD; after 1 week 60 mg QD; max dose 120 mg/day
- » **Pregabalin:** 75 mg BID; after 1 week ↑ to 300 mg/day; within 2-4 weeks, ↑ as tolerated; 600 mg/day max dose
- » **Venlafaxine:** 37.5-75 mg QD; ↑ by 75 mg/day; 225 mg/day max dose
- » **Nortriptyline:** 25 mg qHS; ↑ by 25 mg/day every 3-7 days; 150 mg/day max dose

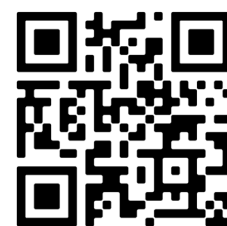
Referral to a pain specialist is recommended if the patient continues to experience chronic pain after conventional pain management approaches and before starting regular opioid medication.<sup>5</sup>



Comprehensive treatment of HS involves both surgical and therapeutic options and treatment of patient flares.



For additional information on Flare Management, **SCAN THE CODE** or go to the **RESOURCES** page.





BID=twice a day. NSAID=nonsteroidal anti-inflammatory drug. QD=every day. qHS=nightly at bedtime.  
QID=four times a day.

## References

1. Nesbitt E, Clements S, Driscoll M. A concise clinician's guide to therapy for hidradenitis suppurativa. *Int J Womens Dermatol*. 2019;6(2):80-84.
2. van der Zee HH, Jemec GB. New insights into the diagnosis of hidradenitis suppurativa: clinical presentations and phenotypes. *J Am Acad Dermatol* 2015;73(5):S23-S26.
3. Alikhan A, Sayed C, Alavi A, et al. North American clinical management guidelines for hidradenitis suppurativa: a publication from the United States and Canadian Hidradenitis Suppurativa Foundations: Part II: topical, intralesional, and systemic medical management. *J Am Acad Dermatol*. 2019;81(1):91-101.
4. Seyed Jafari SM, Hunger RE, Schlapbach C. Hidradenitis Suppurativa: current understanding of pathogenic mechanisms and suggestion for treatment algorithm. *Front Med*. 2020;7(68).
5. Savage KT, Singh V, Patel ZS, et al. Pain management in hidradenitis suppurativa and a proposed treatment algorithm. *J Am Acad Dermatol*. 2021;85(1):187-199.

