



Acute abscess and drainage

What the guideline supports for an acutely painful abscess, what the evidence says it achieves, and what has to happen after the patient leaves.

GUIDELINE TEXT **CLINICIAN SERIES** **FROM THE HS FOUNDATION**

RECOGNIZING WHAT YOU ARE DRAINING

HS is a chronic, relapsing inflammatory skin disease characterized by recurrent painful nodules, abscesses, and tunnels primarily involving intertriginous skin folds. HS affects 0.7 to 1.5 percent of the global population and causes substantial disability.

JOINT AAD AND HSF GUIDELINES, DEFINITION

FROM THE HS FOUNDATION

The features the guideline's definition names are recurrence, painful nodules, abscesses and tunnels, in skin folds. It offers no diagnostic criteria and no recognition rule for an acute visit.

THE RECOMMENDATION

We conditionally recommend incision and drainage to treat acutely painful abscesses **Conditional, for**

JOINT AAD AND HSF GUIDELINES, PROCEDURAL INTERVENTIONS. VERY LOW CERTAINTY EVIDENCE.

WHAT THE EVIDENCE SHOWS IT ACHIEVES

PATIENT EXPERIENCE

Viewed positively

Across three case series covering 256 patients.

RESOLUTION

Complete in 26% of cases

The procedure failed to improve HS in 66% of cases.

RECURRENCE

Higher than the alternatives

Higher after incision and drainage than after excision or deroofing.

FROM THE HS FOUNDATION

Incision and drainage treats the acute abscess. The guideline reports complete resolution in 26% of cases, failure to improve HS in 66%, and recurrence higher than excision or deroofing. It draws no conclusion about what follows a visit with no disease-directed plan. Drawing one is ours.

WHAT THE GUIDELINE SUPPORTS, FOR THE CLINICIAN THE PATIENT IS REFERRED TO

PROCEDURE	WHAT THE EVIDENCE SHOWS	RATING
Deroofing	HiSCR-50 was achieved in 90% of patients in a prospective cohort of 79. Mean healing time across studies ranged from 4.4 to 10.9 weeks. Recurrence ranged from 10% to 33%, comparable to surgical excision. Complications were uncommon at 1% to 2%.	Conditional, for
Local and regional excision	Complete remission 36% to 67%, recurrence 24% to 63% over 2 to 3.6 years.	Conditional, for

PAIN IN THE ACUTE SETTING

- Warm or cool compresses
- Topical lidocaine
- Acetaminophen and non-steroidal anti-inflammatory drugs
- Intralesional triamcinolone acetonide
- Incision and drainage
- Short-term systemic corticosteroids
- Opioids only if refractory to other therapies

The guideline names **emergency department visits** as one of the consequences of undertreated HS pain, alongside preventable suffering, unsafe self-care practices and disengagement from treatment. It also notes that 61% of patients with HS report moderate to severe pain, and that stigma may limit disclosure.

On opioids the guideline states that clinicians should maximize non-opioid options, discuss realistic benefits and known risks, and prescribe immediate-release formulations at the lowest effective dose for as needed use and for limited duration. See piece 03.

WOUND CARE AFTERWARD

Wound care is necessary and beneficial for HS management. There is insufficient evidence to support specific wound care regimens for HS in either usual or post-operative wound care settings.

JOINT AAD AND HSF GUIDELINES, WOUND CARE

WHAT THAT MEANS IN PRACTICE

The guideline evaluated gentamycin sponge, silver hydrofiber, polyurethane foam, oxygen-enriched dressings and negative pressure wound therapy, and found insufficient evidence to support any specific regimen. Low negative pressure wound therapy reduced pain at post-operative day 7 in one 12-patient trial, without changing healing time or physical functioning.

WHERE TO GO NEXT IN THIS SERIES

- The guideline says nothing about the acute visit. The items below are guideline content, ordered by the Foundation.
- **How the guideline defines HS.** Recurrent painful nodules, abscesses and tunnels in skin folds. See piece 02.
 - **What the guideline supports.** Topical and oral options, with the doses and cautions it reports. See piece 04.
 - **Referral and co-management.** See piece 08.