



HS in children and adolescents

The guideline covers patients from age 9. One of its two good practice statements is pediatric, and several routine choices change in this group.

GUIDELINE TEXT CLINICIAN SERIES FROM THE HS FOUNDATION

WHO IS IN SCOPE

The joint American Academy of Dermatology and Hidradenitis Suppurativa Foundation guidelines provide evidence-based recommendations for the management of hidradenitis suppurativa in adults, adolescents, and children over age 9 years.

JOINT AAD AND HSF GUIDELINES, SCOPE AND OBJECTIVE

FROM THE HS FOUNDATION

A pediatric or adolescent presentation is inside the guideline's scope rather than an exception to it. The recommendations apply, with the cautions on this page.

THE PEDIATRIC GOOD PRACTICE STATEMENT

While direct evidence on radiotherapy for HS in children is sparse, since radiotherapy poses well-established long-term risks in children and adolescents, and safer HS treatment options for pediatric patients exist, we recommend against radiotherapy in pediatric and adolescent patients for HS management as a good practice

Good practice, against

JOINT AAD AND HSF GUIDELINES, PROCEDURAL INTERVENTIONS

The risks named. Malignancy, infertility, tissue fibrosis, growth abnormalities, endocrine dysfunction.

WHAT CHANGES IN THIS GROUP

THERAPY	WHAT TO WEIGH	RATING
Spironolactone	Teratogenicity is a potential adverse effect. The evidence base is five case series in female patients, most receiving other therapy at the same time.	Conditional, for
Isotretinoin	Recommended against for HS. Risks include teratogenicity, hepatotoxicity and hyperlipidemia. iPLEDGE monitoring may limit access.	Conditional, against
Acitretin	Recommended against for HS. Risks include teratogenicity, hepatotoxicity and hyperlipidemia.	Conditional, against
Short-term systemic corticosteroids	The recommendation is not age-stratified, and the guideline reports no pediatric dosing evidence. Dosing belongs with a dermatologist.	Conditional, for

WHAT THE GUIDELINE SAYS ABOUT EVIDENCE IN THIS GROUP

Studies are needed to guide HS management in special populations, including children and adolescents, individuals who are pregnant or breastfeeding, and individuals with chronic diseases.

JOINT AAD AND HSF GUIDELINES, RESEARCH GAPS

FROM THE HS FOUNDATION

The guideline's recommendations are written for its whole scope, and it does not publish a separate pediatric recommendation set. It also states that the evidence in this group is missing. Read the absence of an age restriction as an absence of evidence, not as clearance. Therapy selection and dosing for a patient under 18 belong with a dermatologist, working from the guideline's dosing and monitoring table and the prescribing information.

ASSESSING PAIN IN A YOUNGER PATIENT

The guideline names the **Wong-Baker FACES Pain Rating Scale** among its validated tools for pain severity, alongside the Numeric Rating Scale and Visual Analog Scale. Routine pain assessment is a good practice statement and applies at every age in scope. See piece 03.

WHY TIMING MATTERS HERE

Dr. Haley Naik, President of the HS Foundation, describes HS as a condition that impacts life trajectory through school and work absences, work productivity, income attainment and social isolation. Timely treatment, she writes, can change the life trajectory of patients.

NAIK, GUIDELINES ARE A FIRST STEP, HOWTOTREATHS

WHERE TO GO NEXT IN THIS SERIES

FROM THE HS FOUNDATION

The guideline gives no referral guidance and no sequence. **What it supports**, piece 04. **Pain, with an age-appropriate tool**, piece 03. **Comorbidities**, piece 05. **Referral**, piece 08.