

Recognizing HS, and knowing when it is moderate

What the guideline defines, and the presentations that should prompt a conversation about systemic therapy.

■ GUIDELINE TEXT ■ CLINICIAN SERIES ■ FROM THE HS FOUNDATION

WHY RECOGNITION MATTERS

Dr. Steven Daveluy describes the pattern. A patient presents with a single painful lesion, it is drained and treated as an abscess, and it improves. Six months later another one. The gap in that pattern is not treatment. It is history.

More than 80 percent of patients with hidradenitis suppurativa first present to a clinician who is not a dermatologist. Primary care. OB/GYN. Urgent care. The emergency department. That is where care begins.

DAVELUY, THE FIRST DOCTOR AN HS PATIENT SEES, HOWTOTREATHS

These effects compound existing barriers to HS care, including diagnostic delay averaging 7 to 10 years and limited access to specialty dermatology.

JOINT AAD AND HSF GUIDELINES, DISCUSSION

HOW THE GUIDELINE DEFINES HS

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, causes substantial disability and meaningfully impairs quality of life.

JOINT AAD AND HSF CLINICAL GUIDELINES, DEFINITION

THE LESIONS THE GUIDELINE NAMES

Papules Pustules Nodules Plaques Ulcers Abscesses Comedones
Tunnels Cysts Granulating growths Ropelike scars

TWO TERMS WORTH USING CORRECTLY

Tunnels. The guideline treats tunnels as the preferred term over sinus tracts or fistulas, which may require imaging confirmation.

Intertriginous. The skin folds where HS appears. The guideline uses this term to describe where lesions primarily occur.

Who it covers. Adults, adolescents and children over age 9, so a pediatric presentation is inside the scope rather than an exception to it. **How it is managed.** The guideline calls for interdisciplinary management that screens for and addresses the medical and psychiatric comorbidities contributing to HS burden.

WHAT MODERATE HS LOOKS LIKE, IN DR. NAIK'S WORDS

There are three FDA-approved therapies for moderate to severe HS, but there is no clear definition of what moderate HS looks like. Moderate HS has many faces. Moderate HS looks like scarring and tunnel development. It also looks like patients in excruciating, sustained pain with impaired quality of life and limited function. When clinicians see these signs, we should be considering systemic treatment.

NAIK, GUIDELINES ARE A FIRST STEP, HOWTOTREATHS

FROM THE HS FOUNDATION

Dr. Naik's clinical observations, written to dermatologists. Not criteria, not a severity scale, and not part of the guideline.

THE PARALLEL DR. NAIK DRAWS TO ACNE

Dermatologists already act on this principle in acne. At the first hint of scarring they are ready to prescribe isotretinoin, because early intervention prevents permanent damage. Dr. Naik describes applying the same standard of timeliness to HS, and puts it directly: the right time to offer systemic therapy for HS is, almost without exception, earlier than when it is being offered today.

NAIK, HOWTOTREATHS AND THE DERMATOLOGIST

The parallel is about timing, not the drug. The guideline recommends against isotretinoin for HS. See piece 04.

WHAT MANAGEMENT INVOLVES

Effective HS management addresses both chronic HS disease and acute HS flares, often requiring multimodal strategies including systemic, procedural, and supportive therapies.

JOINT AAD AND HSF GUIDELINES, RECOMMENDATIONS

NO SCORE IS REQUIRED TO TREAT

READ THIS BEFORE YOU DOCUMENT

The guideline states that recommendations specific to moderate to severe HS should not be interpreted as requirements for documenting HS severity using specific measures before patients access HS treatments. Research severity measures are not validated for routine clinical use, and the guideline says so directly.

WHERE TO GO NEXT

FROM THE HS FOUNDATION

The guideline does not sequence these steps or address referral. This order is the Foundation's. **Pain**, 03. **What to start**, 04. **Comorbidities**, 05. **Referral**, 08.