



ARE YOU LIVING WITH HIDRADENITIS SUPPURATIVA (HS)?

Here is what you need to know, and how you can find out.

WHAT IS HIDRADENITIS SUPPURATIVA (HS)?

HS is a painful skin disease that can be identified by:

1

THE TYPES OF LESION IT CREATES ON THE SKIN, such as:

NODULES

(hard lumps under the skin)

ABSCESES

(pus surrounded by swollen skin)

SINUS TRACTS/FISTULAS

(a passage that links two or more lesions together)

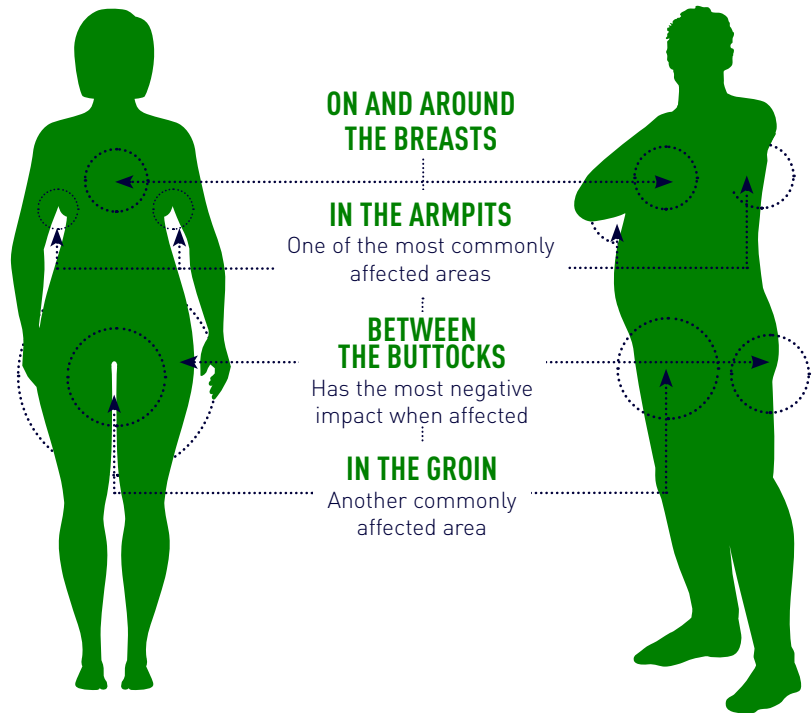
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RECURRENCE

(a return of lesions after they disappear)

3

LOCATION OF LESIONS IN PARTS OF THE BODY WHERE SKIN TENDS TO RUB TOGETHER, and where specialized sweat glands called *apocrine glands* are found:



HS MAY BE DUE TO DEFECTS WITHIN THE HAIR FOLLICLE

Hair follicle: A cavity where hair grows out of the skin



WHO USUALLY DEVELOPS HS?

1%

OCCURRENCE IN THE POPULATION (HOW MANY PEOPLE ARE AFFECTED)

22

YEARS AVERAGE AGE WHEN HS FIRST APPEARS

CAN INCREASE THE RISK OF HS



SEX HORMONES

Since HS occurs after puberty, **sex hormones** likely play a role.



SMOKING

Smokers have greater odds of developing HS than non-smokers or ex-smokers.



EXCESS WEIGHT

Researchers have found a link between HS and **obesity**.

DIAGNOSED BY A DOCTOR

5-8 YEARS AFTER IT STARTS

Historically, there has been low awareness of HS and its symptoms among doctors due to low prevalence of the disease.

A DERMATOLOGIST IS TRAINED TO KNOW THE DIFFERENCE BETWEEN SKIN CONDITIONS

62% OF PEOPLE WITH HS WERE DIAGNOSED BY A DERMATOLOGIST



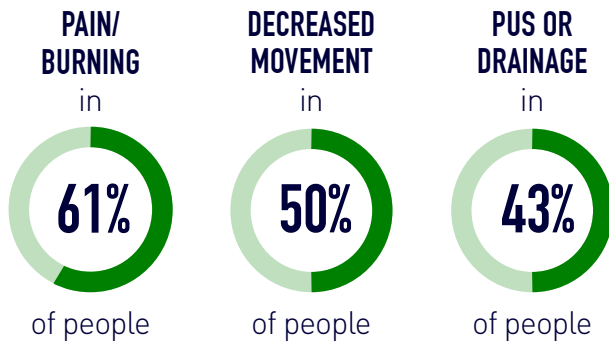
WOMEN FOR EVERY MAN



WHAT HS IS NOT

- It is not an infection, or caused by an infection
- It is not a series of ordinary sores, cysts or boils
- It is not a type of severe acne
- It is not contagious
- It is not caused by poor hygiene

WHAT ARE SOME OF THE COMMONLY REPORTED SYMPTOMS OF HS?*



* Based on hospital charts of patients with HS.

HOW IS HS DIAGNOSED?

The diagnosis of HS and its severity is clinically assessed – there are no lab tests to do this.

Disease severity is assessed with consideration of multiple factors including lesion type(s), lesion count, scarring, pain, previous treatment failures, physical and psychological impact and other impact on quality of life.

While there is no single scale that captures all these aspects, several different scales may be used by physicians in these assessments.

WHAT CAUSES HS?

The exact cause of HS is unknown. However, research shows that HS occurs when the body is attacked by its own immune system. This is why HS is called an *immune-mediated disorder*: even though it causes painful symptoms on the surface of the skin, its effects are more than skin deep.

GENERAL SYMPTOMS OF HS

Because HS is a chronic disease (lasting a long time), lesions and abscesses keep appearing in different locations or reappearing over time

The lesions and abscesses are usually painful and often cause itching and burning

Pus with an unpleasant odour may also leak from the abscesses



NODULES

- Typically, nodules are the first lesions to appear in HS. They come and go at regular or irregular time intervals, and appearance of lesions is called a *flare-up* period
- For some women, flare-up periods follow their menstrual cycle because of changes in their hormone levels during the month



ABSCESSSES

- An abscess is a pus-filled pocket of swollen skin
- Abscesses can be tender and painful, and they can have a bad smell when the pus leaks



SINUS TRACTS/ FISTULAS

- Lesions never disappear completely, and flare-up periods make lesions worse and no longer follow women's menstrual cycle
- Often, channels (called *sinus tracts*) form between abscesses, and can lead to permanent scarring on the skin

Images adapted from an article written by Dr. Gregor Jemec [N Engl J Med 2012;366:158-64].

WHAT CAN YOU DO IF YOU THINK YOU HAVE HS?

If you think that you may have hidradenitis suppurativa, it makes sense to consult a **dermatologist** – a doctor who specializes in diseases of the skin. A dermatologist will be able to give you a **diagnosis**, advise you on how to live with the symptoms you have, and recommend **the most appropriate treatment** for you.

THE MOST IMPORTANT STEP
YOU CAN TAKE:
SEEK HELP FROM A
DERMATOLOGIST