

FOCUS ON:

IDROSADENITE SUPPURATIVA



TERAPIA MEDICA

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Sezione di Dermatologia

Università degli Studi di Ferrara

FERRARA, 24-25 NOVEMBRE 2017

Conflitto di interessi

In base alla nuova normativa ECM

Dichiaro di non avere conflitto di interessi

GUIDELINES

European S1 guideline for the treatment of hidradenitis suppurativa/acne inversa

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The European S1 HS guideline suggests that the disease should be treated based on its individual subjective impact and objective severity.

A Hurley severity grade-relevant treatment of HS is recommendend by the expert group following a treatment algorithm.



Hurley I

Hurley II

Hurley III

Disease severity



Deroofing, LASERs,
local excision

Wide surgical excision

Topical clindamycin

Systemic treatment

1. Clindamycin +
rifampicine/
Tetracycline
2. Acitretin

Systemic treatment

Adalimumab/
infliximab

Adjuvant therapy

Pain management
Treatment of superinfections
Weight loss and tobacco abstinence

Hidradenitis suppurativa: guidelines of the Italian Society of Dermatology and Venereology (SIdMaST) for the use of anti-TNF- α agents.

Megna M¹, Bettoli V, Chimenti S, Chiricozzi A, Naldi L, Virgili A, Girolomoni G, Monfrecola G.

DISEASE SEVERITY----->		
<i>Topical treatments</i> Clindamycin	<i>Systemic treatments</i> 1. Clindamycin + Rifampicin (tetracycline in case of clindamycin intolerance) 2. <u>Acitretin</u>	<i>Biologic drugs</i> Adalimumab/Infliximab
	Surgical excision	



Figure 1. Flow-chart of HS management



Swiss Practice Recommendations for the Management of Hidradenitis Suppurativa/Acne Inversa

Robert E. Hunger^a Emanuel Laffitte^b Severin Lächli^c Carlo Mainetti^d
Michael Mühlstädt^b Peter Schiller^a Anne-Karine Lapointe^g
Pascale Meschberger^f Alexander A. Navarini^c

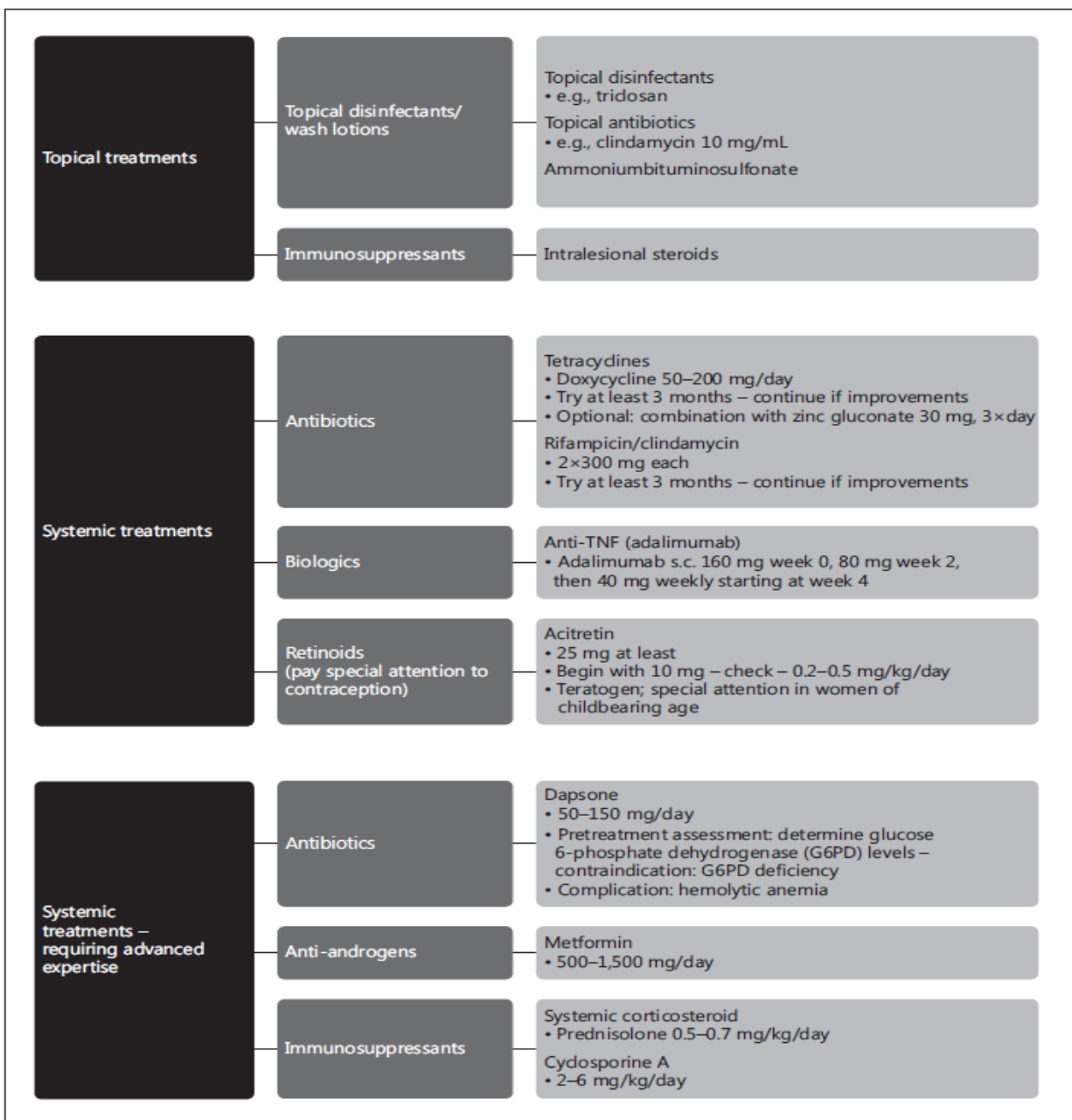


Fig. 1. Medical treatment options for hidradenitis suppurativa in Switzerland.



Dermatology

Review Paper

Dermatology 2017;233:113–119
DOI: 10.1159/000477459

Received: March 29, 2017
Accepted after revision: May 11, 2017
Published online: July 7, 2017

Swiss Practice Recommendations for the Management of Hidradenitis Suppurativa/Acne Inversa

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	Hurley I (mild)	Hurley II (moderate)	Hurley III (severe)
Inflammation	Antiseptic wash Topical antibiotics (clindamycin) Tetracyclines Intralesional steroids Zinc gluconate	Rifampicin + clindamycin Anti-TNF (adalimumab)	
Follicular occlusion		Dapsone Retinoids (acitretin)	
Persistent lesions	TE + 1-degree closure	TE + 2-degree closure (+/- negative pressure wound therapy, +/- skin graft) TE + partial closure CO ₂ laser	
Chronicity	Tetracyclines	Anti-TNF (adalimumab) Retinoids (acitretin) Dapsone	

REVIEW

Hidradenitis suppurativa: an update on connecting the tracts

[version 1; referees: 3 approved]

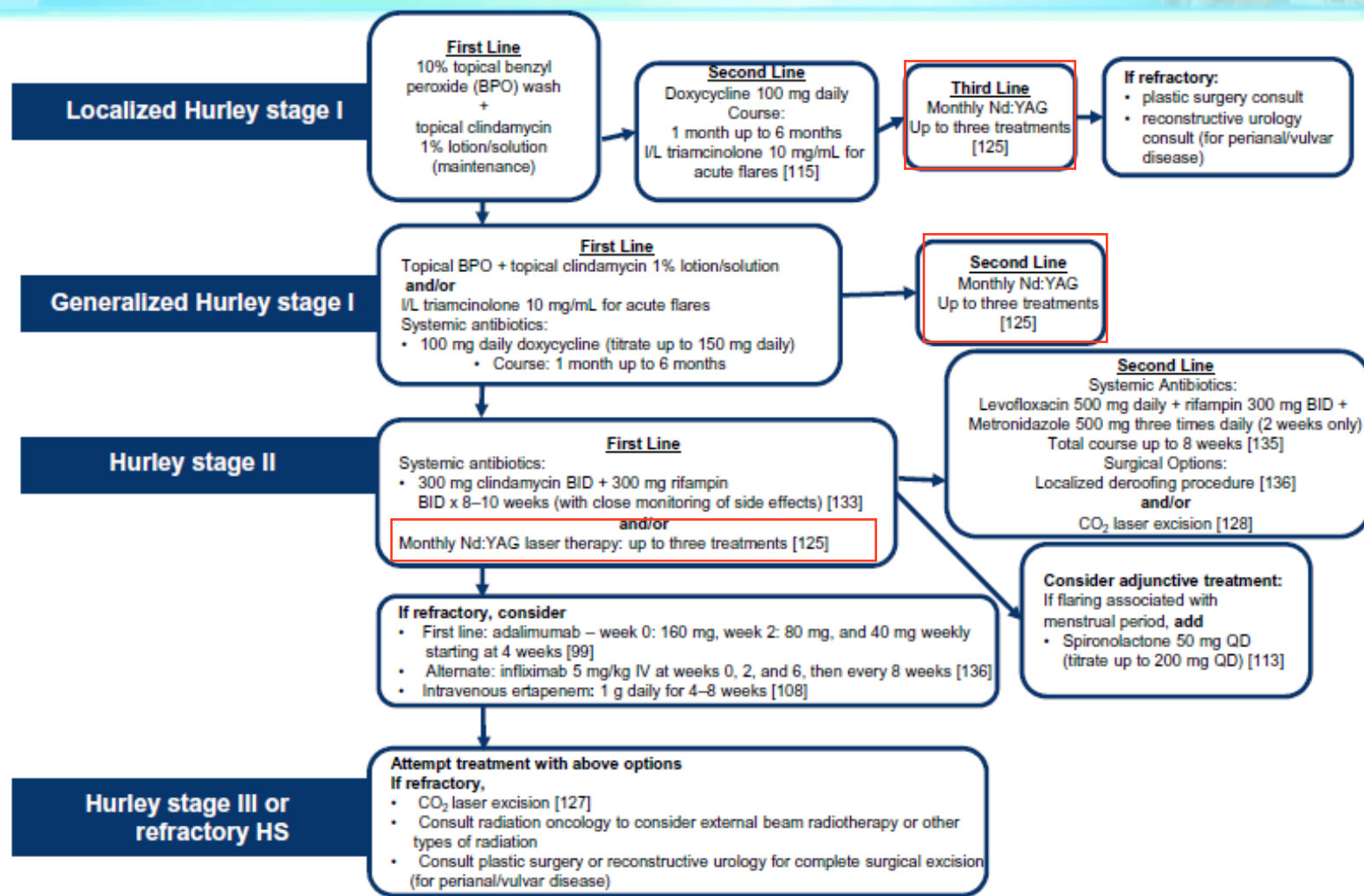
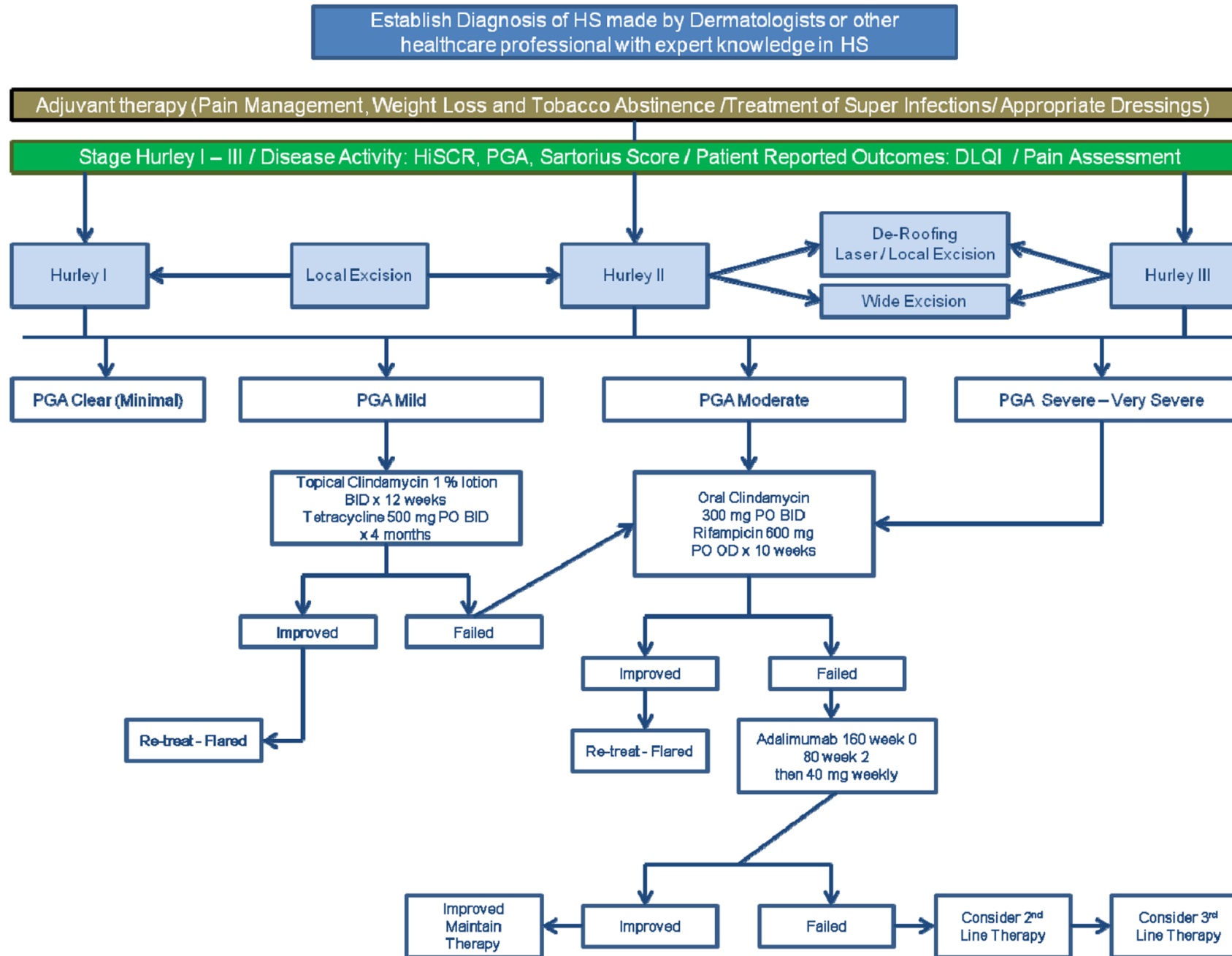
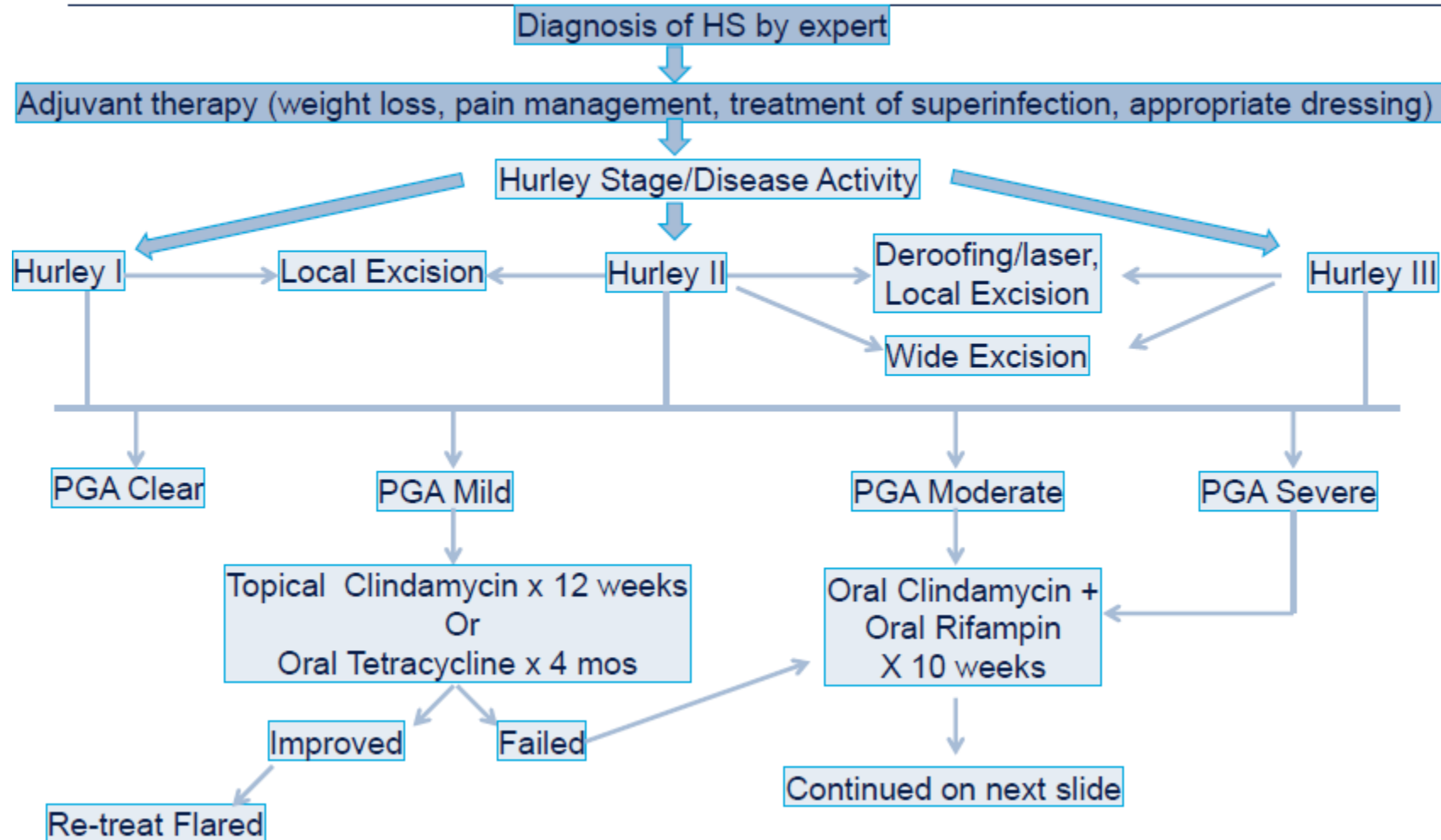
Mallory K Smith¹, Cynthia L Nicholson², Angela Parks-Miller², Iltefat H Hamzavi^{1,2}

Figure 1. Henry Ford Hospital hidradenitis suppurativa (HS) treatment algorithm. This treatment algorithm is used in the Henry Ford Dermatology Clinic, which provides care to more than 1,000 patients with HS. The algorithm is based on a combination of evidence-based research and provider experience. BID, *bis in die*; I/L, intralesional; IV, intravenously; Nd:YAG, neodymium-doped yttrium aluminum garnet; QD, *quaque die*.



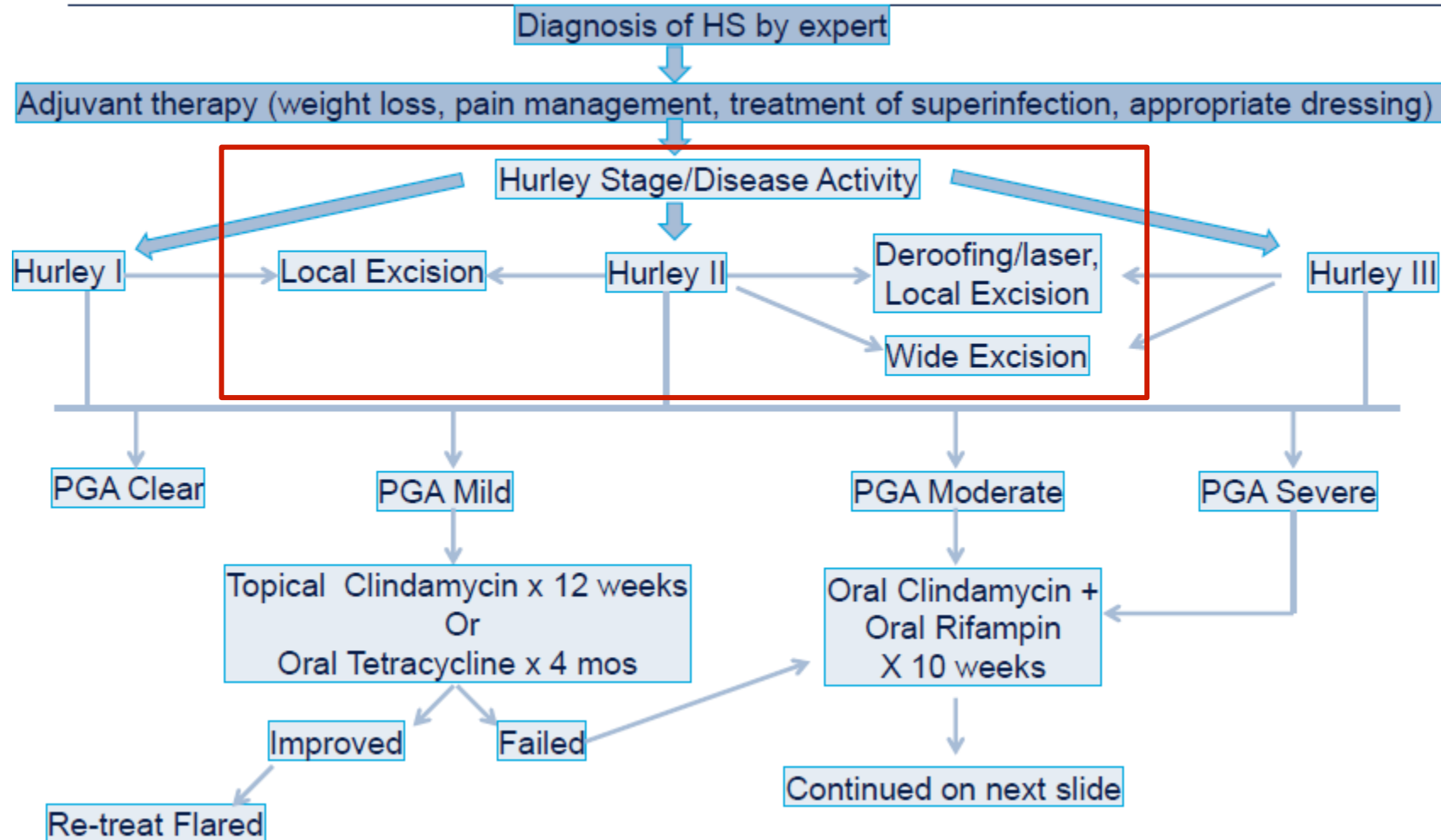
EVIDENCE-BASED APPROACH TO THE TREATMENT OF HIDRADENITIS SUPPURATIVA/ACNE INVERSA BASED ON THE EUROPEAN GUIDELINES FOR HIDRADENITIS SUPPURATIVA.
Gulliver W., Tzellos T., Zouboulis CC. Et al.

Treatment algorithm



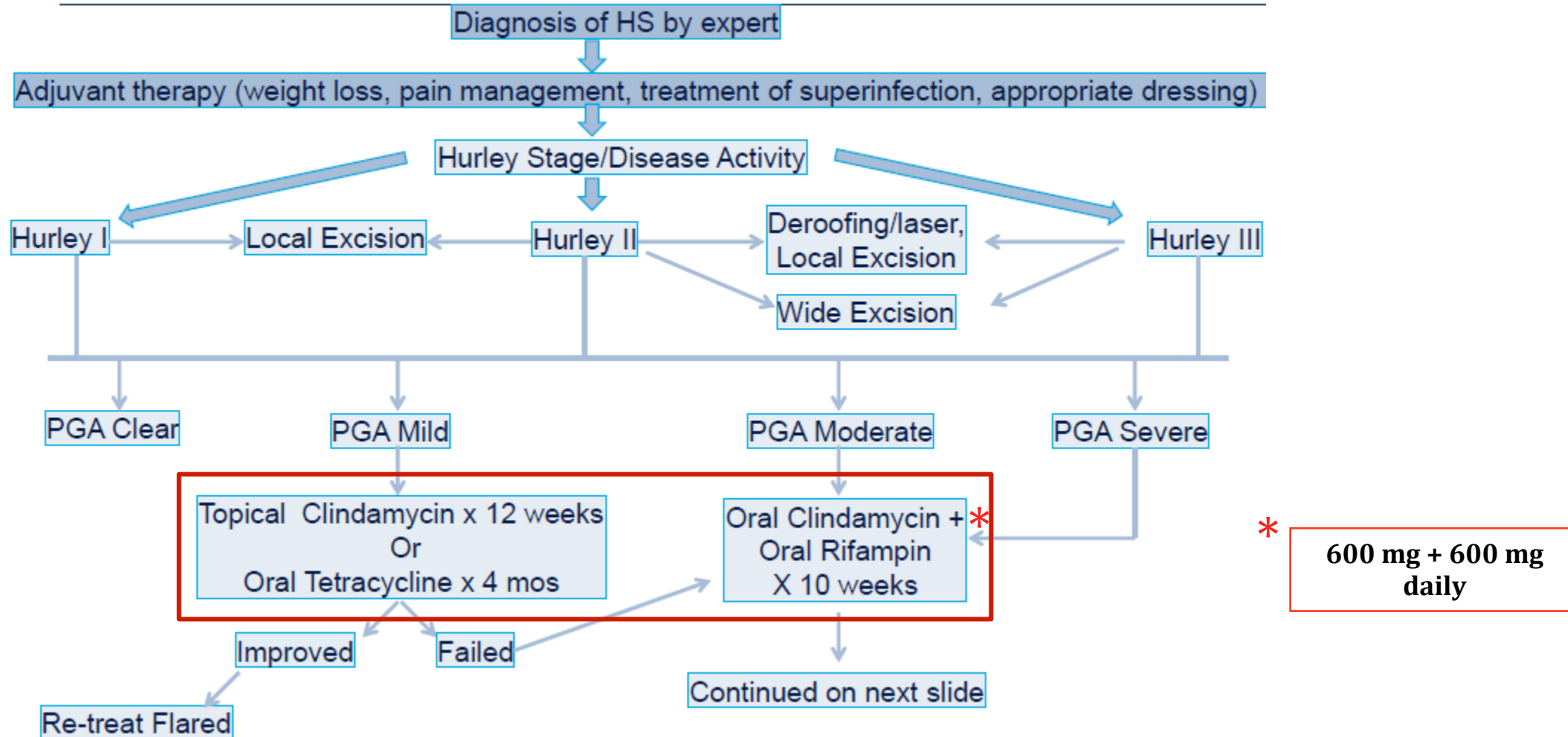
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EVIDENCE-BASED APPROACH TO THE TREATMENT OF HIDRADENITIS SUPPURATIVA/ACNE INVERSA BASED ON THE EUROPEAN GUIDELINES FOR HIDRADENITIS SUPPURATIVA.
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Treatment algorithm



HS-AI Medical treatment:

-Acute phase (flare)

- Chronic phase

HS-AI: medical treatment of the acute phase - FLARE

Topical	Antibiotic (clindamycin, fusidic acid) and/or Corticosteroid Resorcinol 15%
Systemic	Antibiotic (short course): Penicillin, Cephalosporin, Quinolones, Macrolides Swab if needed ! Corticosteroid intralesional
Surgery	Drainage
Basic- maintenance treatment	Non aggressive antiseptic detergent Topical antiseptic agent



HS-AI: Antibiotics

Table 3
Recommendations according to the severity of the disease

Proposed Recommendations According to Severity

Therapeutic Options

Hurley I:
Mild, few flares, 3–4 a year; no particular discomfort for the patient

1. No AB treatment
2. Treatment only in case of a flare^a

Hurley I:
Moderate, more than 3–4 flares a year and discomfort for the patient

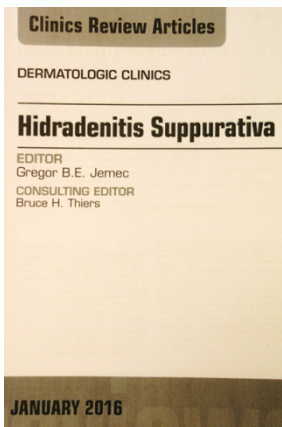
1. Treatment only in case of a flare^a
2. Induction oral treatment^b + maintenance treatment^c

Hurley II:
Moderate to severe

Induction IM or IV treatment^d, then oral consolidation + maintenance treatment^c

Hurley III

Induction IM or IV treatment^d, then oral consolidation + maintenance treatment^c



- 1) Topical combination Atb + corticosteroid
- 2) Pain killer
- 3) Systemic Atb (if really needed)

(V.Bettoli, O.Join-Lambert, A.Nassif. Dermatol Clin 2016)

HS and Bacteria

- 1) Commensals with no pathogenic action**
- 2) Commensals acting as opportunistic pathogens**
(S.epidermidis, P.acnes)
- 3) Pathogens non developing disease (*S.aureus* – nose)**
- 4) Pathogens responsible of bacterial infection**

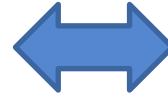
HS and Bacteria

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How to drive the choice about ATBS in HS



Take a swab for bacteria when possible/reasonnable

negative

if clinical features suggest:
(rifa + clinda / tetra)

positive

commensal

pathogens

low bacterial load

(ATBgram **NO**)

if clin feat suggest
(rifa + clinda / tetra)

high bacterial load

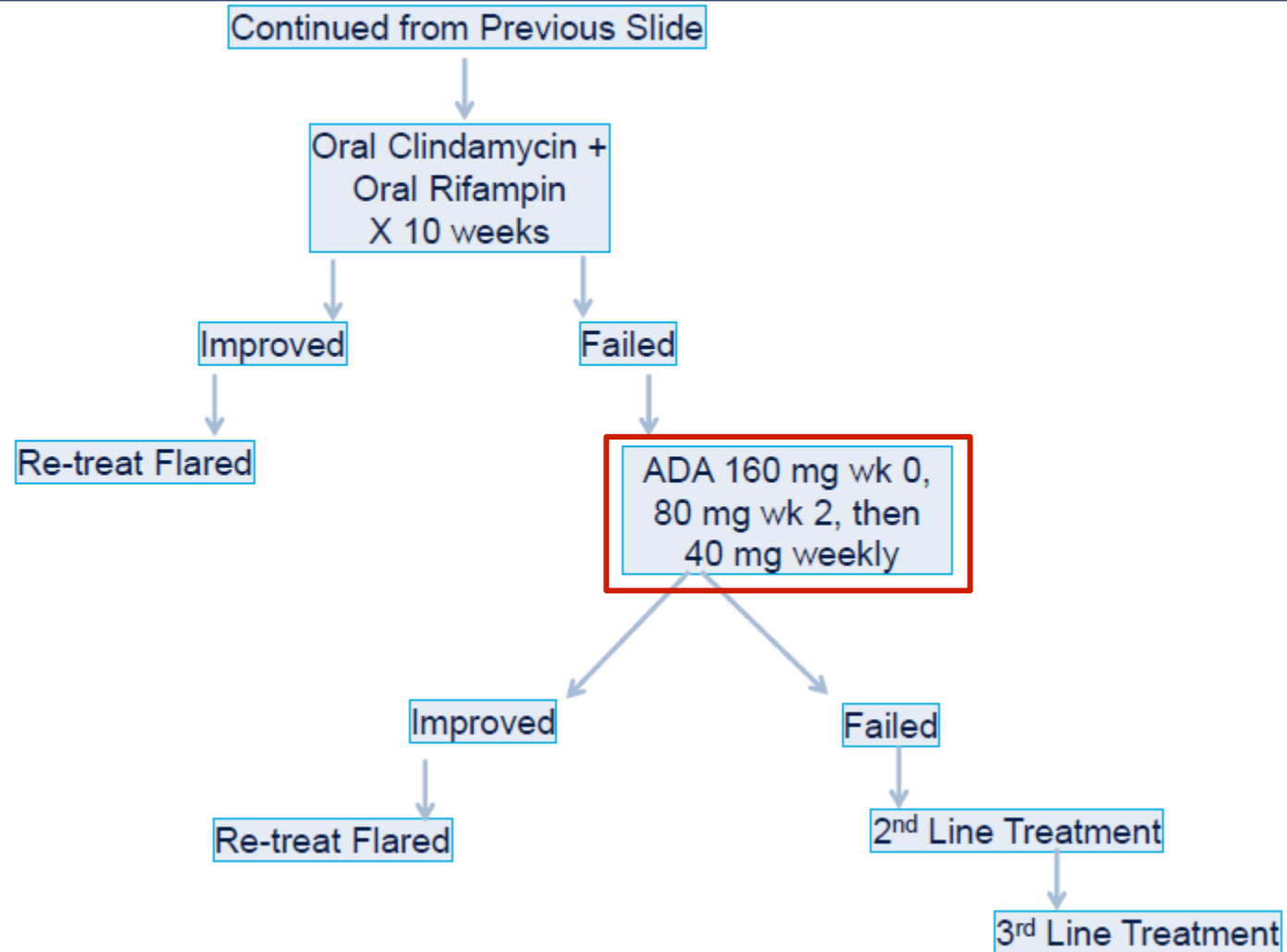
(ATBgram **YES**)

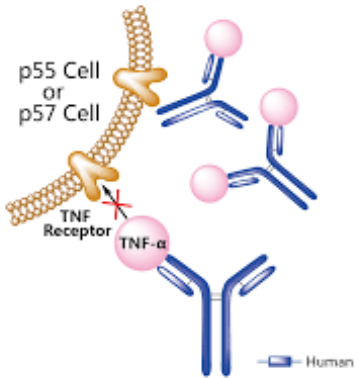
(ther ATBgram driven)

ATBgram YES

(ther ATBgram driven)

Treatment algorithm





TNF antagonists

- TNF antagonists
Adalimumab first medicine recommended for adults with active moderate to severe hidradenitis suppurativa, who have failed to respond to conventional systemic treatment⁴



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

25 June 2015
EMA/CHMP/424261/2015
Press Office

1. Alikhan A, et al. *J Am Acad Dermatol*. 2009;60(4):539-561. 2. Jemec GB. *N Engl J Med*. 2012;366(2):158-164.
3. Jemec GB. *Clin Exp Dermatol*. 2002;27(6):528-529. 4. http://www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2015/06/news_detail

Adalimumab treatment and HS

27 HS patients started Adalimumab in Ferrara

- ✓ 2/27 Remission
- ✓ 14/27 Significant Improvement
- ✓ 6/27 Moderate Improvement
- ✓ 5/27 Too short Follow-up

Adalimumab, Case report (A.V.)

Baseline



Week 8

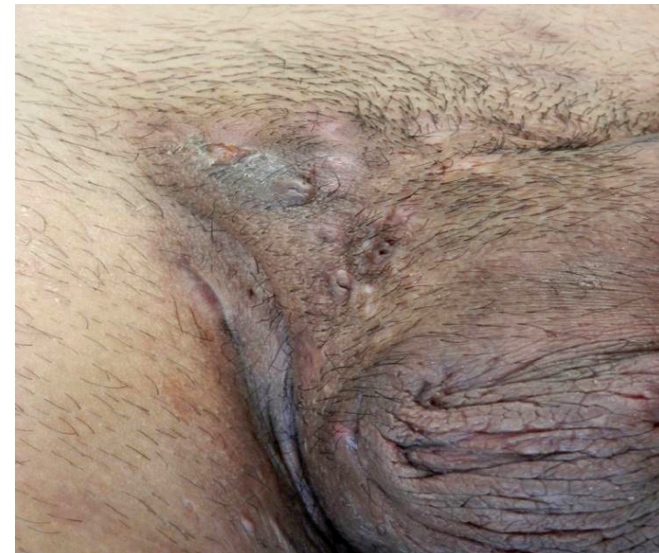


Adalimumab, Case report (J.Y.)

Baseline



Week 4



Adalimumab, Case report (B.P.)

Baseline



Week 24



Week 72



Adalimumab, Case report (P.A.)

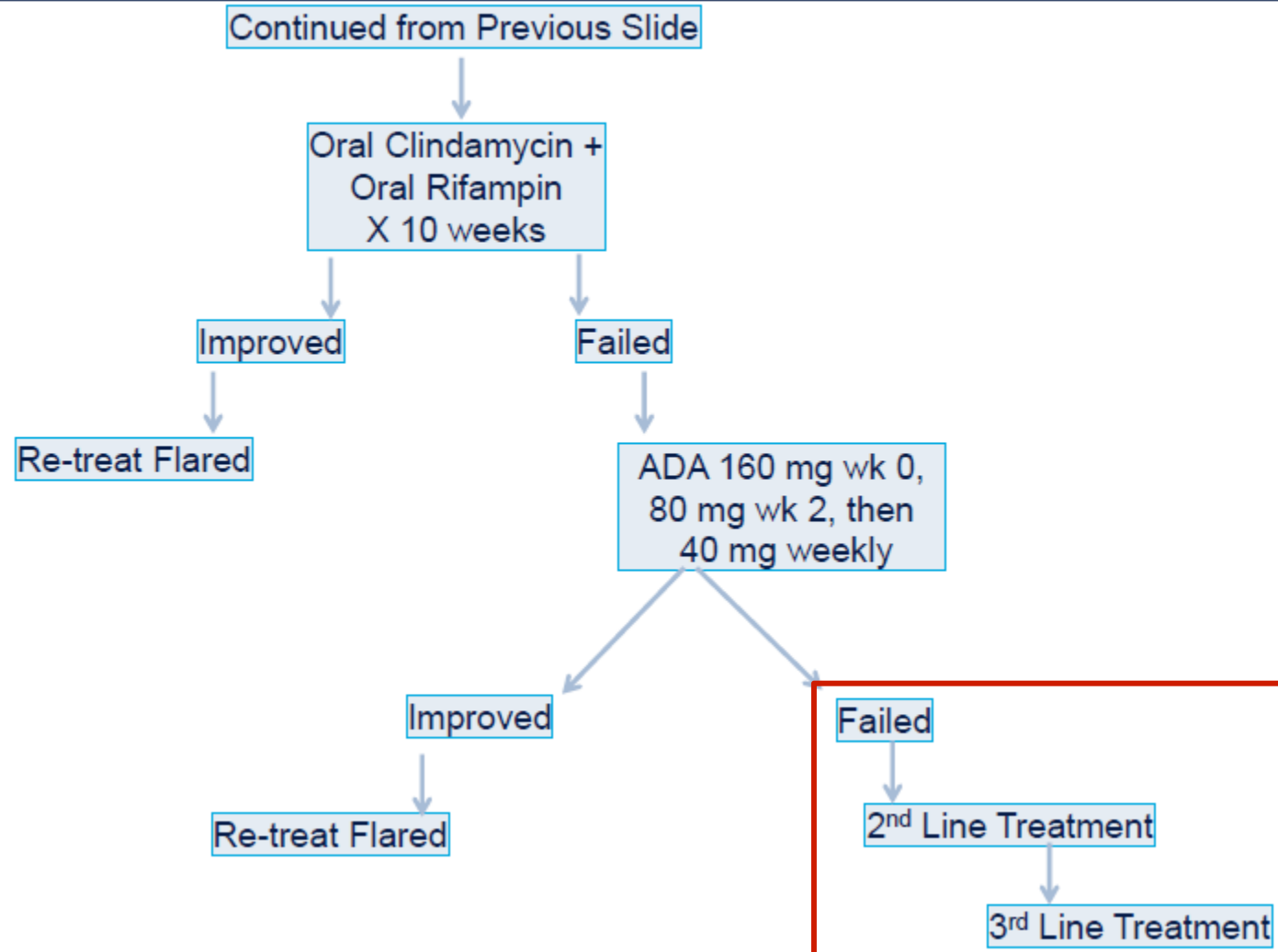
Baseline



Week 20



Treatment algorithm



EVIDENCE-BASED APPROACH TO THE TREATMENT OF HIDRADENITIS SUPPURATIVA/ACNE INVERSA BASED ON THE EUROPEAN GUIDELINES FOR HIDRADENITIS SUPPURATIVA.

Gulliver W., Tzellos T., Zouboulis CC. Et al.

Category of Evidence / Strength of Recommendation

Rev Endocr Metab Disord (2016) 17:343–351
DOI 10.1007/s11154-016-9328-5



Evidence-based approach to the treatment of hidradenitis suppurativa/acne inversa, based on the European guidelines for hidradenitis suppurativa

Wayne Gulliver^{1,2} · Christos C. Zouboulis^{1,3} · Errol Prens^{1,4} · Gregor B. E. Jemec^{1,5} ·
Thrassivoulos Tzellos^{1,6}

Abstract from the World Congress of Dermatology, 2015
Vancouver, Canada

1st line therapy- Clindamycin (topical)
Clindamycin / Rifa (oral)
Adalimumab (SC)
Tetracycline (oral)

Surgery

2nd line therapy- Zinc gluconate
Resorcinol
Intralesional steroids
Systemic CS
Infliximab
Acitretin

3rd line therapy- Colchicine
Botulinum toxin
Isotretinoin
Dapsone
Cyclosporine
Hormones

Anakinra (anti-IL-1Ra)

Studio	Popolazione	Materiali/Metodi	Conclusioni
Van der Zee et al 2013 Case report	F 51 aa affetta da HS	Anakinra s.c. 100 mg/die x 5 mesi	Peggioramento quadro cutaneo
Zarchi et al 2013 Case report	F 37 aa affetta da HS	Anakinra s.c. 200 mg/die x 1 anno	Remissione quadro cutaneo
Kieron et al 2013 Open-label study	5 pz affetti da HS (1 M, 4 F)	Criteri inclusione: Sartorius score > 25, almeno 2 aree cutanee coinvolte, età > 18 aa Anakinra s.c. 100 mg/die x 8 sett Follow up 8 sett	↓ media Sartorius score 34.8 punti ($p=0.024$), ↓ IGA 45.8 punti ($p= 0.006$) ↓ PGA 35.6 punti ($p= 0.019$) ↓ DLQI Rebound nel follow-up
Tzanetakou et al 2015 Double-blind RCT	19 pz affetti da HS (10 M, 9 F) 10 pz placebo 9 pz anakinra	Criteri inclusione: Hurley stage II o III, età > 18 aa Anakinra s.c. 100 mg/die x 12 sett Follow up 12 sett	↓ disease activity score ($p= 0.04$) Hidridanitis Suppurativa Clinical Response (HiSCR) positiva in 78% pz anakinra ($p= 0.04$)

Ustekinumab (anti-IL-12/23)

Studio	Popolazione	Materiali/Metodi	Conclusioni
Blok et al 2015 Open-label study	17 pz affetti da HS (13 F, 4M)	Criteri di inclusione: Hurley stage II o III, precedente trattamento sistemico o chirurgico, età > 18 aa Ustekinumab s.c. 45 mg (sett. 0, 4, 16, 28)	↓ Sartorius score modificato in 82% pz HiSCR-50 ottenuta in 47% pz ↓ DLQI 71% → 59%

Secukinumab (anti-IL-17a)

Studio	Popolazione	Materiali/Metodi	Conclusioni
Schuch et al 2017 Case report	M 24 aa affetto da HS	Secukinumab s.c. 300 mg/sett x 4 sett, poi 300 mg/4 sett	↓ Hidradenitis Suppurativa Score, 90 → 5
Thorlacius et al 2017 Case report	M 47 aa affetto da HS	Secukinumab s.c. 300 mg/sett x 4 sett, poi 300 mg/4 sett	Discordanza pz/medico score di malattia

Conclusioni

- **Evitare la progressione della malattia**
- **Trattare appena possibile**
- **Trattare col farmaco appropriato**
- **Gestione adeguata della componente microbiologica**
- **In dubbio preferire l'opzione più potente**
- **La chirurgia è un'opzione terapeutica secondaria (preceduta da imaging)**

Conclusioni

- **La regressione della malattia è possibile**
- **Fasi di benessere di lunga durata**
- **Possibili riacutizzazioni anche dopo un lungo periodo di benessere**

HIDRADENITIS NEEDS A MULTIDISCIPLINARY APPROACH



Hidradenitis Suppurativa: A Novel Model of Care and an Integrative Strategy to Adopt an Orphan Disease

Wayne Gulliver^{1,2}, Ian D. R. Landells^{1,3}, David Morgan¹, and Syed Pirzada¹ 2017 J Cut Med Sur

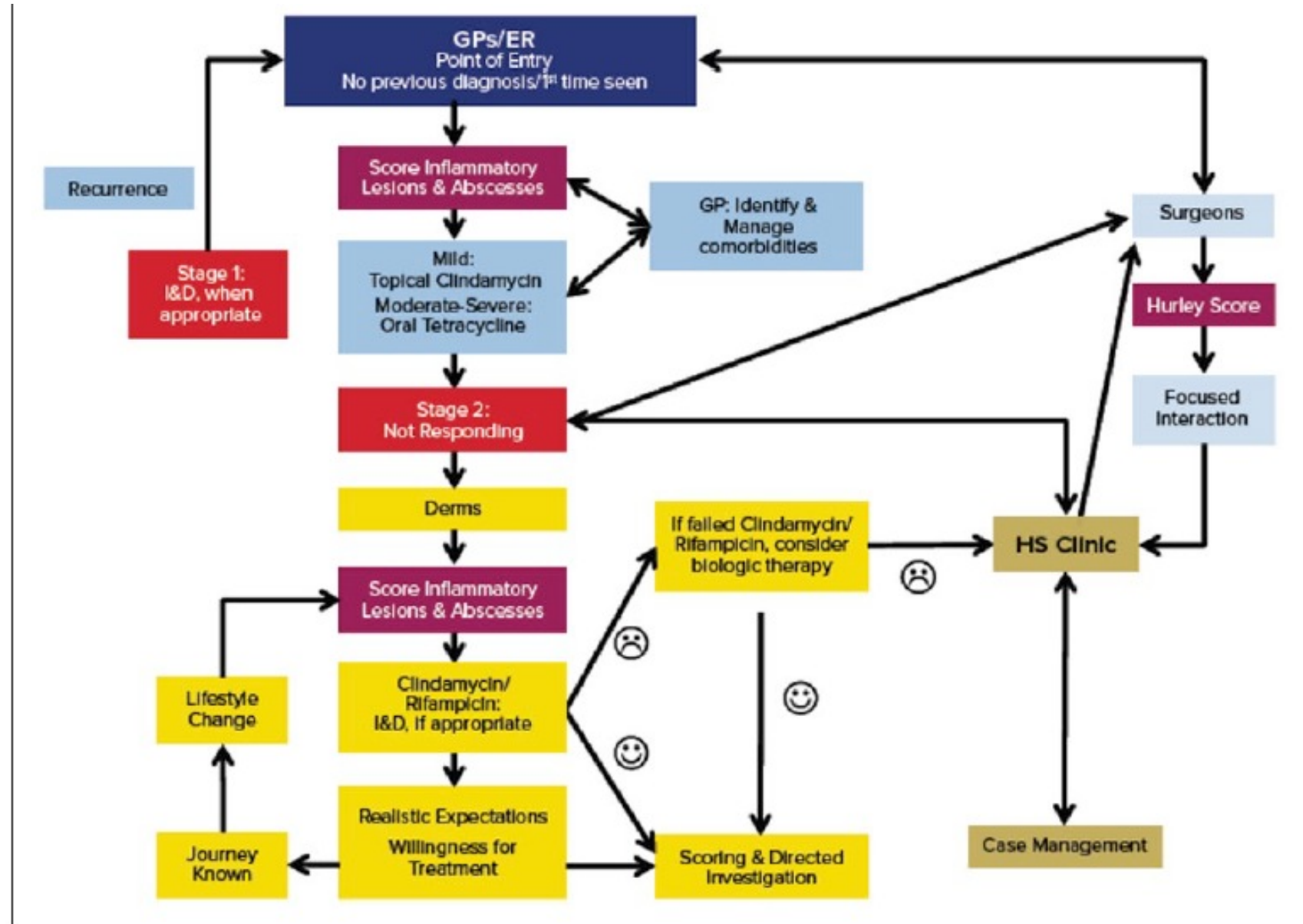


Figure 3. A combined patient management and treatment algorithm. ER, emergency room; GP, general practitioner; HS, hidradenitis suppurativa; I&D, incision and drainage.

Dermatologi	V.Bettoli, G.Toni, A.Bertoldi, D. Musmeci G.Amendolagine, L.Mantovani, M.Corazza, A.Virgili
Chirurgo Plastico	C.Riberti
Chirurgia generale / Proctologia	D.Marcello, S.Ascanelli
Infettivologia	M.Libanore
Psicologia / psichiatria	S.Caracciolo, S.Tugnoli
Medicina interna (obesità)	G.Zuliani
Radiologia	P.Zucchi
Pediatria	C.Host
Terapia del dolore	T.Matarazzo

Pazienti in database: 564 (7-9-2017)



Team Idrosadenite Suppurativa - Ferrara



Foto a cura dell'Azienda Ospedaliero-Universitaria di Ferrara

