

## FREQUENTLY ASKED QUESTIONS

### *Is HS contagious?*

No

### *Have I inherited the disease, and will my children develop it?*

Possibly, approximately 1/3 of cases have a family history of HS

### *Is HS caused by being obese/overweight?*

No, is it not caused by being overweight, however sweaty skin folds can aggravate the illness.

### *Does smoking cause or aggravate HS?*

HS is not caused by smoking, however smoking does affect the skin and could therefore aggravate the HS. Some HS sufferers have never smoked.

### *Is HS disabling?*

Later stages of HS can be disabling.

### *Do hormones play a part in HS?*

Yes. Hormones are involved in controlling the apocrine glands, therefore indeed play a part in the disease. In the majority of cases, HS does not start before puberty or after the menopause.

### *Is HS Known by any other name?*

Yes. HS has been called many names over the years, all of which are medically correct. These are: Acne Inversa (AI), Apocrine Acne, Acne conglobata, Apocrinitis, Verneuil's disease, Velpau's disease, Pyoderma sinifica fistulans.

### *What can I do to ease the symptoms?*

Gently wash the affected areas with antibacterial soap. Wear loose fitting cotton clothing and underwear to prevent skin irritation. Avoid shaving the affected areas to prevent skin irritation. Avoid all perfume and deodorants on affected areas.

This leaflet is designed to give general information and advice only, and is not intended to replace the advice of your GP.

If you would like friendly advice, or to share your experiences with HS, please visit the HS-UK support group at;

<http://uk.groups.yahoo.com/group/hs-uk>

The British Association for Hidradenitis Suppurativa is the leading UK charity, dedicated to the raising of awareness and education of HS. If you wish to support our work, please visit us at;

WWW.BA-HS.ORG.UK  
PO Box 550  
Chatham  
Kent  
ME4 9AH

[enquiries@ba-hs.org.uk](mailto:enquiries@ba-hs.org.uk)



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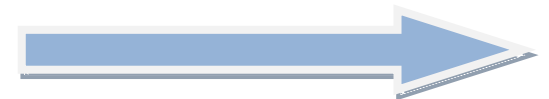


Do you suffer from painful boils under the arm, breast or groin?

Do they come and go?

Are you left with scars or open lesions?

Then you may have  
Hidradenitis  
Suppurativa



# HIDRADENITIS SUPPURATIVA

*hide-ra-den-eye-tis  
sup-you-rah-tee-vah*

Hidradenitis Suppurativa (HS) is a chronic skin disease, which appears in the apocrine gland-bearing areas, such as the armpits, breasts and groin.

This recurrent, inflammatory, and often painful disease is often overlooked, as not much is known of the actual cause.

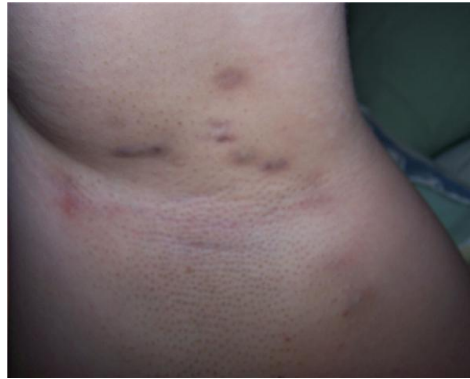
Onset of HS normally occurs between puberty and the menopause, although exceptions to this have been known.

It is widely believed that HS is the blockage of hair follicles in the affected areas, but this is one of many theories. HS may also have some common factors with crohn's disease, pilonidal cysts, and cystic acne.

HS is graded into 3 stages, known as Hurleys clinical staging. The early stages of HS, presents itself as a single, inflamed, boil-like nodule. These will either slowly disappear, or persist to become a suppurative (draining) abscess, eventually degrading and scarring the affected area.

The later stages of the disease will see the affected areas spreading, with either single or multiple lesions with the formation of sinus tracts, or fistulas, where lesions drain from one or more location.

These sinus tracts can interlink and become more widespread in stage 3.



This picture shows an example of HS in the underarm.



The above picture shows abscesses and scarring in the underarm.



This picture shows scarring, comedones, and signs of sinus tracts in the underarm.

## Diagnosis

Diagnosis is primarily clinical, made by examination and investigation into patient history. Certain questions would need to be answered, such as frequency of recurrent lesions, location of lesions, family history, etc.

Swabs or biopsy are rarely used, as there are currently no specific tests for HS. As infection is not the cause, there are no specific bacteria to look for.

## Treatment

Unfortunately there is no cure, but ongoing treatment is possible to help control any flaring lesions. A variety of medications are available, however there is no specific treatment for everyone, so trial and error is the way to go.

Commonly, the first course of treatment will be topical or oral antibiotics, and/or anti-androgens for women (to maintain hormone levels).

Later treatment may include; steroid injections, retinoids (vitamin A related drugs), immunosuppressants, laser treatment or surgery.

As Hidradenitis Suppurativa derives from blocked apocrine glands (sweat glands), surgery remains an optional treatment, surgically removing affected areas. This removes the associated apocrine glands and may therefore stop further breakouts in that region. This is not however a guaranteed cure, as Hidradenitis can affect various areas. Therefore the decision for surgery should be between the individual, consultant and their surgeon.