

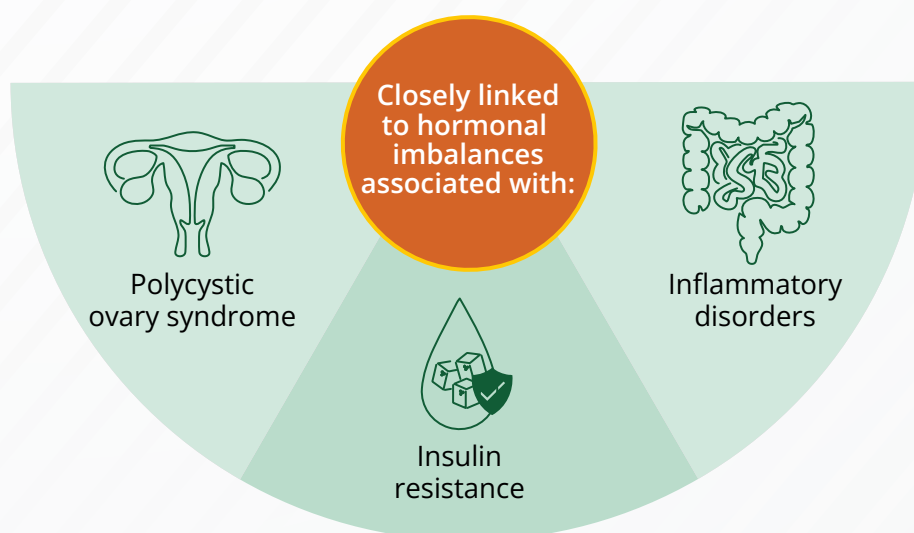
Comprehensive therapeutic approaches and guidelines for the Australasian region

## Hidradenitis suppurativa (HS): an overview

HS is a chronic inflammatory skin disease that causes painful skin lesions in intertriginous areas, which significantly impacts quality of life



70% of the underlying causative factors are genetic



## Clinical management of HS



Systemic antibiotics



Surgery

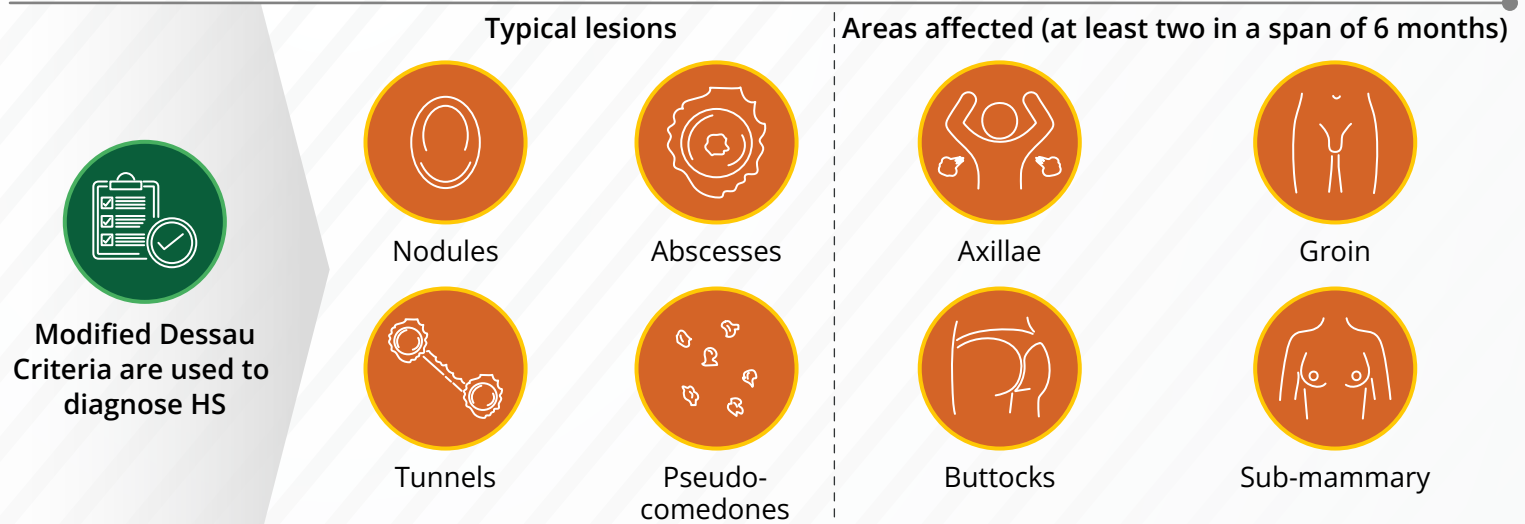


Biologics

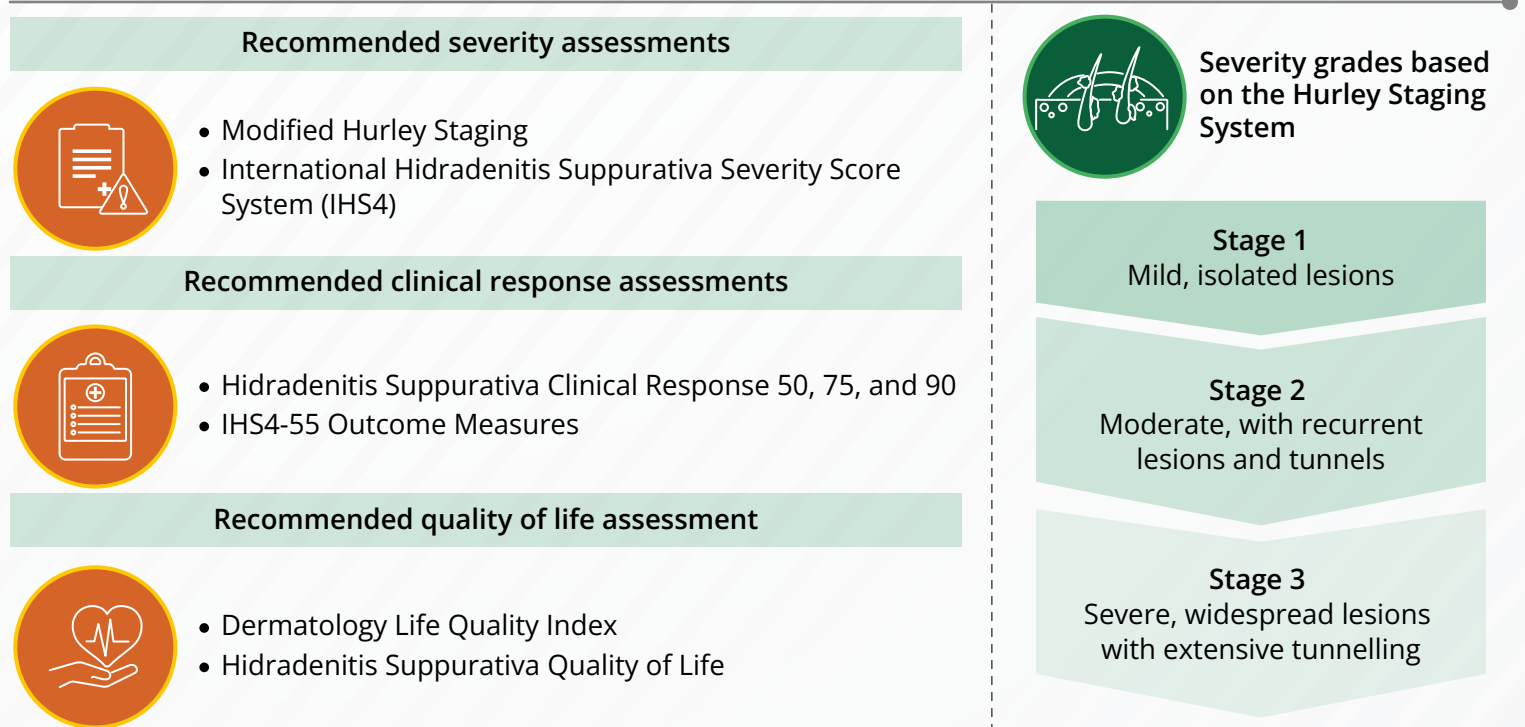
**A multimodal approach offers superior management outcomes by combining various treatment strategies**

**A set of guidelines has been developed based on expert consensus and drawing on clinical experience and updated research findings to create a structured approach for HS management in the Australasian context<sup>1</sup>**

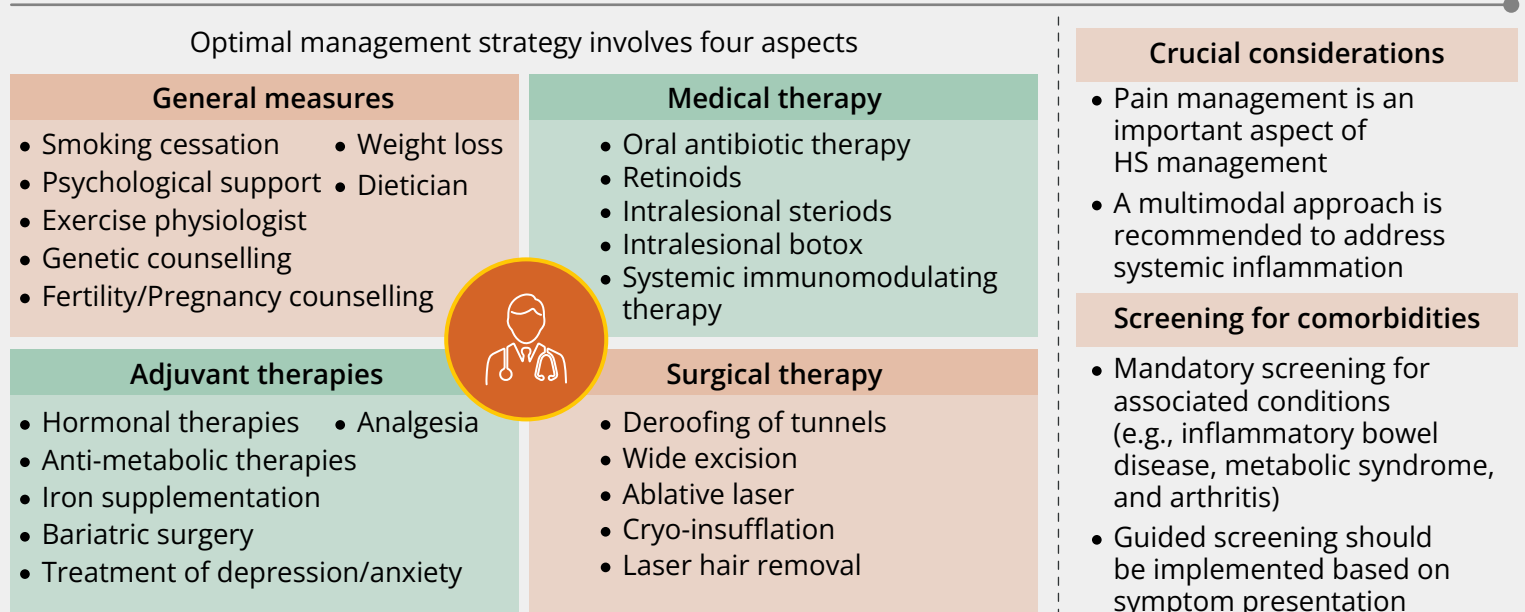
## Diagnosis and clinical assessment of HS



## Tools for the clinical assessment of HS

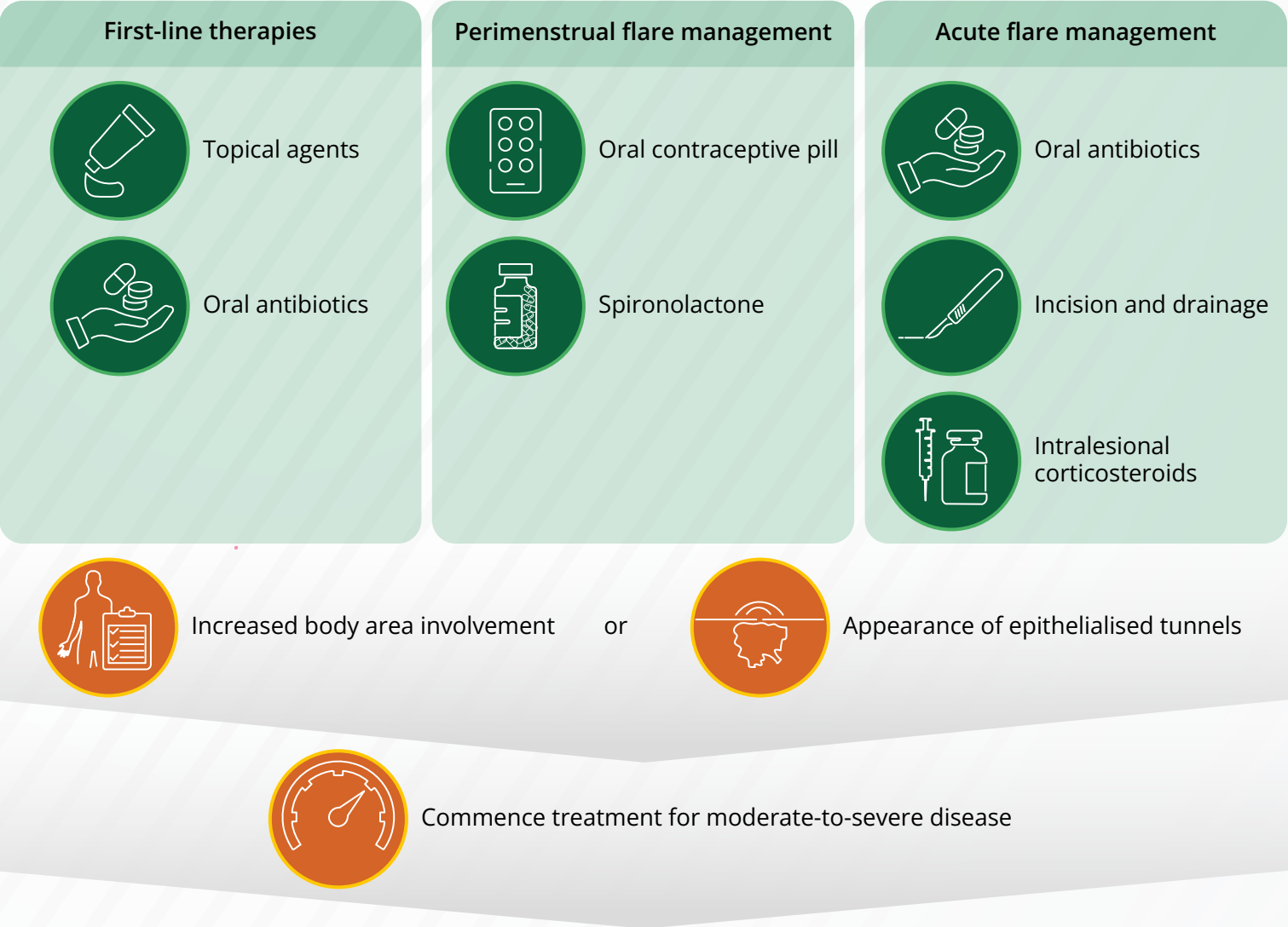


## Therapeutic approach in HS management



Treatment approach for mild-to-moderate disease

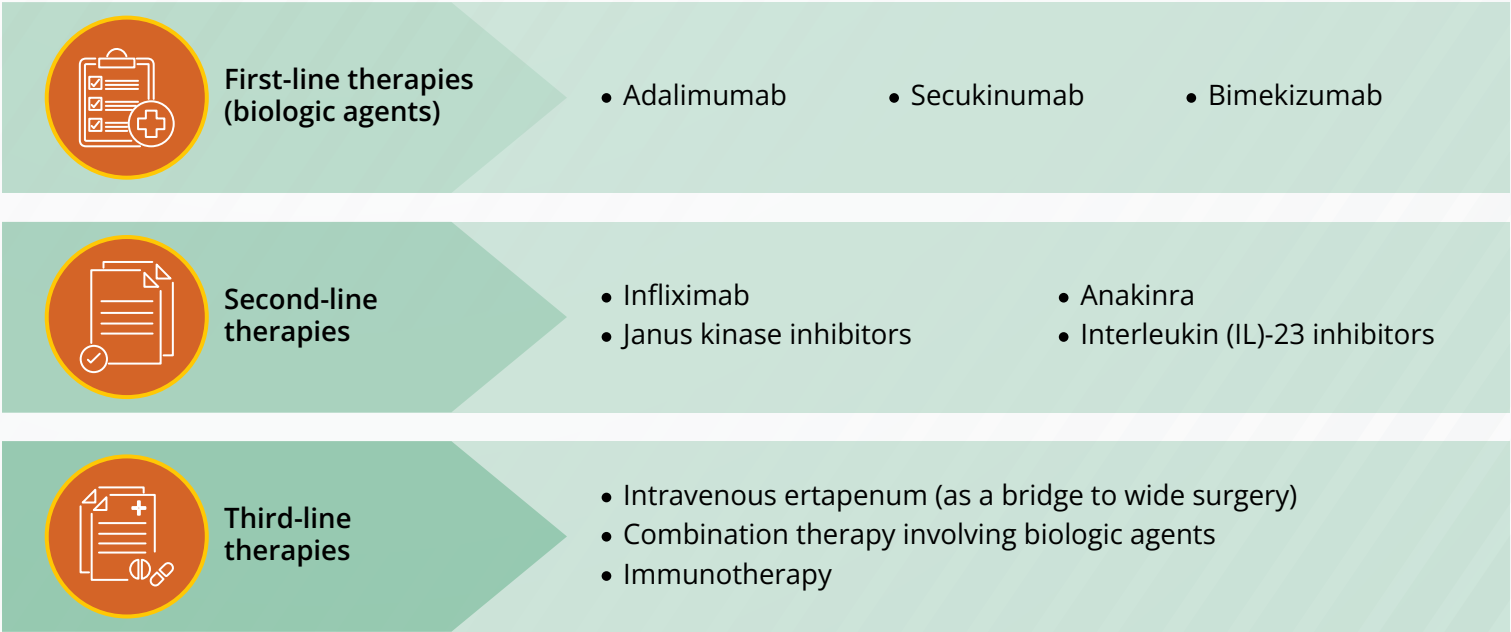
Mild-to-moderate HS is defined as: Hurley Stage 1, 2a/2b



Treatment approach for moderate-to-severe disease

Moderate-to-severe HS is defined as:

Hurley Stage 2B or higher or Presence of epithelialised tunnels



## Managing therapeutic response loss

48% of individuals stop responding to treatment within 12 months

### Strategies for tackling response loss

Clinical assessment to determine the cause



Anti-drug antibodies



Viral infection



Weight gain



Interference from other medications



Psychological stress

### Treatment adjustments



Dose escalation



Adjuvant therapy-intralesional corticosteroids



Targeted surgery



Switching to alternative agents

## Optimising HS treatment for pregnancy



- HS management strategy must be optimised ideally before conception
- Patients with mild-to-moderate disease should switch to safe medications during pregnancy
- Use of monoclonal antibodies in moderate-to-severe disease should be based on individualised risk-benefit assessment
- Use of biologics is generally safe until the third trimester
- Post-partum flares must be anticipated and actively managed

## Guideline limitations



- In Australia, Pharmaceutical Benefit Scheme restrictions limit access to certain biologics (e.g., adalimumab, secukinumab), while some procedures (e.g., de-roofing) are not covered
- This limits treatment access and financial support for patients

Ongoing research is focused on identifying biomarkers for better clinical responses and exploring novel therapies, such as B-cell antagonists



Further evidence is needed on the timing of surgery and whether long-term therapy can prevent disease progression

## Key message



**Effective management of HS requires a comprehensive, multimodal approach, combining medical treatments, surgical options, lifestyle changes, and careful monitoring for comorbidities to enhance patient outcomes and quality of life**

### Reference:

1. Frew, J., Smith, A., Penas, P. F., Ellis, E., Foley, P., Rubel, D., ... & Gebauer, K. (2025). Australasian hidradenitis suppurativa management guidelines. *Australasian Journal of Dermatology*, 66(2): 75–89.

