

Hidradenitis Suppurativa: Need for Early Diagnosis and Management of the Disease and Associated Conditions[☆]



Hidradenitis Suppurativa: Necesidad de Un Diagnóstico e Intervención Precoz Sobre La Enfermedad y Sus Comorbilidades

Hidradenitis suppurativa (HS) is a chronic inflammatory disease characterized by the recurrence of nodular lesions that are abscess-like in appearance and mainly affect skinfolds. The lesions are painful and progress to fistulas, scarring, and fibrosis, thus generating considerable local morbidity and marked impairment of the patient's quality of life.

This issue of *Actas Dermosifiliográficas* addresses the clinical characteristics of a series of 66 patients¹ that was remarkable for the long delay between onset of symptoms and diagnosis. This reached 7 years, entailing irreversible structural damage in many patients, who are unable to benefit from the latest advances in the management and treatment of HS. The authors also identify a specific patient profile (male, perianal and gluteal involvement), in which the risk of progression and poor prognosis is greater.

Another remarkable aspect of HS is the frequent association of comorbid conditions such as smoking and obesity. Associated psychiatric conditions (depression and anxiety) are also very common and may share pathogenic mechanisms with HS.

Knowledge of the different profiles of HS is essential, especially in cases with a greater disease burden, both for the dermatologist and other specialists (family physicians,

gynecologists, general surgeons) involved in the care of these patients. HS should be managed based on an integrated approach, and health professionals should be fully familiarized with the scales used to evaluate severity, itching, pain, and quality of life. Imaging techniques such as skin ultrasound should be used to stage and monitor the disease appropriately.²

If we are to significantly reduce morbidity and sequelae, then early diagnosis and treatment to control inflammation and modify the natural history of HS are essential.

References

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