



ACNE, ROSACEA, AND RELATED DISORDERS (INCLUDING HIDRADENITIS SUPPURATIVA)

A RETROSPECTIVE COHORT STUDY OF HIDRADENITIS SUPPURATIVA PATIENTS IN DALLAS, TEXAS

Sy Paek⁽¹⁾ - Ak Preston⁽²⁾ - G Peterson⁽¹⁾ - X Wang⁽³⁾ - J Frieder⁽¹⁾ - Ma Menter⁽¹⁾

Baylor University Medical Center, Dermatology, Dallas, United States⁽¹⁾ - Texas A&m Health Science Center College Of Medicine, Dermatology, College Station, United States⁽²⁾ - Baylor Research Institute, Biostatistics, Dallas, United States⁽³⁾

Introduction: Hidradenitis suppurativa (HS) is a recurrent, follicular, inflammatory disease resulting in chronic drainage, pain, scarring, and significant negative impact on quality of life.

Objective: To analyze demographic and clinical characteristics of HS patients in a single academic referral center in the southern United States and to evaluate efficacy of treatment modalities for these patients.

Materials and Methods: We conducted a retrospective chart review of a cohort of HS patients seen in clinic at Texas Dermatology Associates, Baylor University Medical Center, in Dallas, Texas, between July 2015 and February 2018. Patient demographics, clinical features, prescribed treatments, and response to treatment were analyzed using the Pearson Chi squared test or Fisher exact test, and by the Mann-Whitney U test for categorical and continuous variables, respectively.

Results: A total of 149 patients (113 females, 36 males) were included in the study. Patients were categorized in the following Hurley stages: I (29.6%), II (36.5%), III (33.9%). 39.4% of patients were current or former smokers. 80.9% of patients were overweight or obese (BMI ≥ 25), compared to 68.5% in Texas in 2016 ($p=0.0012$). Treatments administered included Biologics (49%), Topical antibacterials (74.5%), Oral antimicrobials (83.9%), Oral metformin (67.1%), Hormonal agents (24.2%), Isotretinoin (11.4%), Surgery (25.5%), Intralesional steroids (63.1%), Systemic steroids (2.7%), and Other (7.4%). The majority of patients received more than one treatment modality. 88.9% of patients demonstrated response (defined as moderate or significant clinical improvement) to at least one treatment. Patients who received biologic treatment demonstrated clinical response closest to statistical significance, followed by surgical intervention.

Conclusions: Patients with HS have high rates of obesity, as was corroborated in our cohort. Oral and topical antibiotics were most frequently prescribed. Biologic treatment and surgical





intervention appear to be effective treatment strategies.

