



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

HIDRADENITIS SUPPURATIVA: EPIDEMIOLOGY, DIAGNOSIS, TREATMENT OUTCOMES, TREATMENT PATTERNS, AND MISSED DIAGNOSES IN AN AUSTRALIAN COHORT

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Background: Hidradenitis suppurativa (HS) is a chronic, painful, autoinflammatory condition resulting in nodules, abscesses, and sinus tracts. It has a profound physical and psychological impact on sufferers. The worldwide prevalence of HS is reported at 0.03-4%, and is widely underestimated. Studies of distribution and determinants of HS are inconclusive and compounded by selection bias. Patients suffering from HS face numerous difficulties accessing critical health care, often experiencing long delays before receiving a correct diagnosis. The failure to recognize HS by healthcare professionals has resulted in misdiagnosis and mismanagement of many patients. The current approach to medical therapy in HS is highly subjective and outcomes are suboptimal for patients suffering from this debilitating disease, with many patients being subject to non-evidence based therapies. We sought to review and better understand the epidemiology, diagnosis, treatment outcomes and treatment patterns of HS in order to address gaps in current research, understanding; and to improve treatment outcomes for patients with HS.

Observation: The HS registry is a local, voluntary, prospective, longitudinal, disease-based registry. Patients affected with HS are reviewed and enrolled at an established HS clinic in Australia. Demographic and disease characteristics, disease severity (using all currently available scoring outcomes including Hurley stage, Sartorius score, HiSCAR, pain score), Dermatology Life Quality Index (DLQI), medical histories, lifestyle risk factors, and previous treatments are collected at enrolment. Patient response to therapy is collected after subsequent clinic reviews. A review of the Australian HS registry was conducted (n=150). The registry was compared with local health district records, and national and international databases and registries.

Key message: The Australian HS registry cohort represents severe disease as indicated by Hurley, Sartorius and DLQI scores. A high occurrence of comorbidities and associations is prominent within the cohort.

