



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

IS SEVERITY OF HIDRADENITIS SUPPURATIVA RELATED TO HYPERTENSION AND ANGINA PECTORIS? EPIVER STUDY ON 1428 SUBJECTS

G Tonini⁽¹⁾ - Ac Fougereousse⁽²⁾ - S Hallal⁽³⁾ - Ph Guillem⁽⁴⁾ - F Maccari⁽⁵⁾ - N Beneton⁽⁶⁾ - R Binois⁽⁷⁾ - C Fite⁽⁸⁾ - E Cinotti⁽¹⁾ - P Rubegni⁽¹⁾ - JI Perrot⁽⁹⁾

University Of Siena, Ospedale Santa Maria Alle Scotte, Ospedale Santa Maria Alle Scotte, University Of Siena, Department Of Dermatology, Siena, Italy⁽¹⁾ - Hôpital D'instruction Des Armées Bégin, Hôpital D'instruction Des Armées Bégin, Dermatology Department, Saint-mandé, France⁽²⁾ - University Hospital Of St-etienne, University Hospital Of St-etienne, Department Of Maxillofacial Surgery, St-etienne, France⁽³⁾ - Clinique Du Val D'ouest, Clinique Du Val D'ouest, Department Of Surgery, Écully, France⁽⁴⁾ - Hopital D'instruction Des Armées Bégin, Hopital D'instruction Des Armées Bégin, Department Of Dermatology, Saint-mandé, France⁽⁵⁾ - Chr, Chr, Department Of Dermatology, Le Mans, France⁽⁶⁾ - Chr, Chr, Department Of Dermatology, Orleans, France⁽⁷⁾ - Aphp, Aphp, Department Of Dermatology, Paris, France⁽⁸⁾ - University Hospital Of St-etienne, University Hospital Of St-etienne, Department Of Dermatology, St-etie, France⁽⁹⁾

Introduction: Epiver is a French multicenter study and one of the largest series of patients with Hidradenitis Suppurativa (HS).

Objective: To evaluate the relationship between the presence of hypertension and angina pectoris and the severity of HS with regard to the impact on quality of life, pain and stage of the disease.

Materials and Methods: From March 2016 to December 2017 ResoVerneuil members assessed quality of life (DLQI scale), pain (Visual Analogue Scale, VAS) and presence of hypertension and angina pectoris in patients with HS.

Results: 11 patients had angina pectoris and 99 had hypertension. In presence or absence of hypertension, average DLQI was 13 and 12 respectively, and average VAS was 5. In presence or absence of angina, average DLQI was 15 and 12 respectively and average EVA was 5. In presence or absence of hypertension, Hurley stage I was 26.5% and 45.3%, stage II was 46% and 39.7 % and stage III was 27.5 % and 15% respectively. In presence or absence of angina pectoris, Hurley stage I was 36 % and 44%, stage II was 18% and 40 % and stage III was 46 % and 16% respectively.

Conclusions: Quality of life and pain were not much influenced by the presence of





hypertension and angina pectoris. However, Hurley stage increased in case of hypertension and angina pectoris. The interpretation of these data must be careful considering the small size of the population with angina pectoris and hypertension. Although our subjects with hypertension and angina pectoris were few, it should be considered that they were found in a population with a median age of 31 years, and this aspect should raise questions about a relationship between HS and cardiovascular disease that could be explained by the inflammatory reflex.

