



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

## LONG-TERM EFFICACY AND SAFETY OF ADALIMUMAB ON A SEVERE CASE OF HIDRADENITIS SUPPURATIVA

*Raffaele Dante Caposiena Caro<sup>(1)</sup> - Maria Vittoria Cannizzaro<sup>(1)</sup> - Cosimo Di Raimondo<sup>(1)</sup> - Eleonora Di Matteo<sup>(1)</sup> - Elisabetta Botti<sup>(1)</sup> - Luca Bianchi<sup>(1)</sup>*

*University Of Rome Tor Vergata, Policlinico Tor Vergata, University Of Rome Tor Vergata, Dermatology Department, Department Of Systems Medicine, Rome, Italy<sup>(1)</sup>*

Background: Hidradenitis suppurativa (HS) is a chronic, inflammatory, recurrent, debilitating follicular skin disease. HS therapies include antibiotic topical and/or systemic, biologics, retinoids, corticosteroids and surgery. Biologics can be given for a prolonged period, making them a good treatment option for patients with moderate-to-severe HS who other treatments. Currently adalimumab is the only biologic approved by the European Medicines Agency and the U.S. Food and Drug Administration for the treatment of HS.

Observation: A 56-year-old Caucasian man was first seen in our dermatology department in 2017. Since the age of 22-years-old he referred recurrent nodules abscesses in gluteal and perineal areas. The patient was smoker with a BMI of 21,5 and had not others comorbidities. Physical examination revealed multiple lesions in the gluteal and perineal area, with severe pain with palpation, a dark red erythema and excessive discharge. Pain Vas and DLQI were 8/10 and 22/30 respectively. Power Doppler ultrasound (PD-US) showed two abscesses and four multiple and interconnected draining tunnels. The patient was classified as a Hurley Stage III with an IHS4 of 16. Patient had previously been treated with multiple antibiotic therapies, cyclosporine and repeated surgical treatments. According to the treatment guidelines adalimumab was started. After 24 months of treatment physical examination revealed minimal pain with palpation, a faint red erythema and no evidence of discharge. DLQI was reduced from 22/30 to 8/30, PAIN VAS from 8/10 to 1/10. Clinical and PD-US examinations showed only one simple draining tunnel. The patient was classified as a Hurley Stage II with an IHS4 of 4.

Key message: Our case demonstrates long-term efficacy and safety of adalimumab therapy in a severe HS patient, making it a good and safety treatment option for patients with moderate-to-severe HS who fail other medical and surgical treatment.

