

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

PRACTICAL MANAGEMENT OF HS DURING LONG-TERM IMMUNOMODULATORY THERAPY

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Background: Data on the long-term management of hidradenitis suppurativa (HS) patient receiving adalimumab are scarce.

Objectives: The aim of our study, was to review the clinical data of HS patients receiving adalimumab therapy and analyse the therapeutic response, adverse effects, duration and reasons of short suspension periods (SSP) in HS patients receiving anti-TNF α therapy for at least 12 months.

Methods: All the medical records of HS patients receiving adalimumab therapy were reviewed. Patients receiving adalimumab therapy for at least 12 months were selected (LT-group). Disease severity assessments scores were calculated at the beginning and at 12, 24, 36, 48 (\pm 4) weeks of adalimumab therapy. The length and the causes of any anti-TNF α short suspension periods (SSP) were analysed.

Results: Average modified Sartorius Score (mSS) before receiving adalimumab therapy was 94.7, median Hurley stage was 3, international HS severity score (IHS4) stage was severe in 64.7% and moderate in 35.3%. In the LT-group, a significant decrease of inflammatory lesions after three months of therapy was observed, with 60% of patients achieving HS clinical response (HiSCR50) response. During therapy, mSS decreased from 88.5 to 51.5 and IHS4 values decreased from 26.6 to 13.1. Interestingly, the remission of disease severity observed at 3 months was maintained at 6, 9 and 12 months. All patients experienced at least one SSP, which lasted 16.2 days on average. The major cause of SSP was flu or other concurrent HS independent infections (66.3%). The remaining 43.7% were associated with the occurrence of HS inflammatory phenomena. In the LT-group no serious adverse events were registered.

Conclusions: Long-term adalimumab therapy for HS evidenced overall positive clinical results at 3 months, which were maintained at 12 months, without serious adverse events. In our experience SSPs were common events during HS recrudescence episodes requiring additional adequate therapeutic interventions.