



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

KNOWLEDGE OF HIDRADENITIS SUPPURATIVA (HS) IN DERMATOLOGIST AND RESIDENTS OF DERMATOLOGY IN COLOMBIA

Hernandez Natalia⁽¹⁾ - Laignelet Hugo⁽²⁾

Colombian Society Of Dermatology, Dermatology, Bogotá, Colombia⁽¹⁾ - Gastroped Y Dermatosoluciones Sas, Dermatology, Bogotá, Colombia⁽²⁾

Introduction: Many physicians, including dermatologists, often do not recognize and properly treat HS. As the first of its kind in Colombia, this study sought to evaluate Colombian dermatologists' knowledge of HS, in hopes of developing an effective HS education program.

Objective: To determine Colombian dermatologists' knowledge of HS's prevalence, clinical presentation, diagnosis, treatment, burden, and comorbidities.

Materials and Methods: In a descriptive cross-sectional study, a 43-question questionnaire was designed to ask about dermatologist demographics and practicing clinicians' knowledge of HS, based on a review of current literature. 167 Colombian dermatologists and dermatology residents anonymously and voluntarily filled out the survey. Answers to these questions were tabulated in Microsoft Excel and used to calculate absolute and relative frequencies.

Results: Of 167 surveys collected, 155 were filled out completely, 134 by dermatologists, 21 by residents. 49,3% of participants had > 15 years of experience. 33% saw patients at public and private clinics. 54% believed 1-4% of all dermatology patients to have HS, but 78% estimated HS to constitute < 1% of their practice. 80,6% asked about family history; 97% about recurrence; 70% about smoking; 67% about menstrual period; 87,1% about HS in other body areas. 92% considered the relationship to obesity relevant, 96% that to endocrine diseases. 81 - 92 % searched for comorbidities. 40% used Hurley; 1,9% Sartorius; 5,2% HS-PGA. 22% asked about quality of life with standardized scales. 67% set individualized treatment goals. For Hurley I, 57,4% used topical antibiotics, 31% systemic antibiotics; for Hurley II, 66,5% used systemic antibiotics, 27,1% intralesional corticoids; for Hurley III, 75,5% used biologic, 18,1% retinoids.

Conclusion: Most Colombian dermatologists search for comorbidities and know the presentation of HS. However, they can improve on: use of clinical staging, assessing impact on quality of life, use of standardized goals, and awareness of HS's prevalence.

