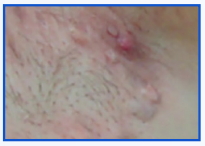
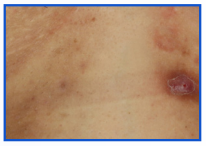
UNDERSTANDING **HS PROGRESSION**

Hidradenitis suppurativa (HS)

is a **chronic, systemic, immune-mediated inflammatory condition** of the terminal hair follicle units characterized by **intertriginous skin lesions**[1-3]

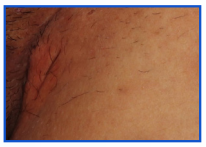

Axilla


Axilla


Submammary


Buttocks


Pannus


Thigh/groin

Axilla images 1 and 2: Used with permission from Sabat R, et al. Nat Rev Dis Primers. 2020;6(1):18. © 2020, Springer Nature Limited. **Submammary, buttocks, and thigh/groin images:** Property of UCB. **Pannus image:** Rambhatla PV. Hidradenitis Suppurativa. In: Jackson-Richards, D., Pandya, A. (eds). 2014. Dermatology Atlas for Skin of Color. Springer, Berlin, Heidelberg © 2014, Springer-Verlag Berlin Heidelberg

ESSENTIAL CRITERIA FOR HS DIAGNOSIS

Clinical Signs

Nodules, abscesses, tunnels, double-ended pseudocomedones, scars, papules, pustules, plaques, and/or ulcers[4,5]

History of Recurrence

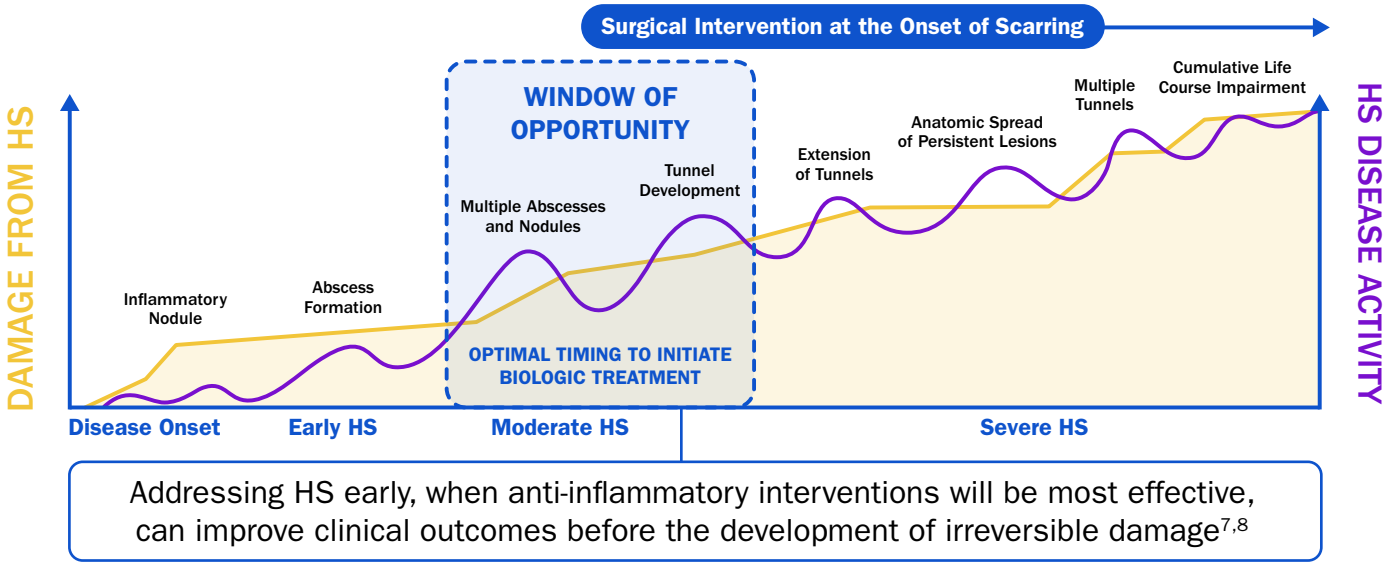
Recurrent painful or purulent lesions **>2x** in **6 months**[5]

Location in Skin Folds/Apocrine Distribution

Groin, armpit, perineum, buttocks, and submammary/ intramammary fold[5]

Additional criteria (not obligatory): family history of HS, no evidence of pathogens at predominant lesions or presence of normal skin microflora at the predominant type of lesions[5]

HS DISEASE PROGRESSION AND THE WINDOW OF OPPORTUNITY[6]



Addressing HS early, when anti-inflammatory interventions will be most effective, can improve clinical outcomes before the development of irreversible damage[7,8]

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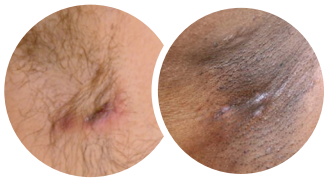
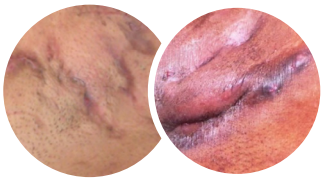
THE SEVERITY OF DISEASE CAN INCREASE WITH TIME[9]



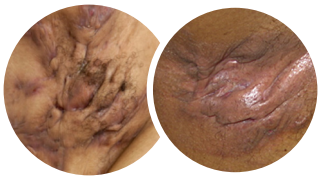
Mild

Typically presents as single or multiple abscesses without sinus tracts and scarring[10,11]



Moderate

Typically presents as recurrent abscesses with sinus tracts and scarring[10,11]



Severe

Typically presents as diffuse or multiple interconnected sinus tracts and abscesses across the entire area[10,11]

The **Hurley staging system** was developed for surgical purposes and does not account for the extent of disease or full degree of inflammation[1,12]

It may be unsuitable for assessing disease severity and treatment response[12]

STANDARDIZED HS ASSESSMENTS

Validated questionnaire to help support early HS diagnosis[13,*]

1. Have you had outbreaks of boils[†] during the last 6 months?
2. Where and how many boils have you had?
   - __ Axilla
   - __ Groin
   - __ Genitals
   - __ Under the breasts
   - __ Other locations (not specified [e.g., perianal, neck, and abdomen])

"YES" TO FIRST QUESTION + ≥2 BOILS indicates inverse recurrent suppuration and a high likelihood of HS

[*]A Danish study assessed identification of boils as a marker for HS using a validated self-administered questionnaire[13]

[†]Inverse recurrent suppuration was identified using questions about boils[13]

Assessments used to assess symptom improvement, pain, and quality of life

HS Clinical Response (HiSCR):

Percent reduction in **abscess** and **inflammatory nodule counts** throughout the body with no increase in abscess and draining tunnel count relative to baseline[14,15]

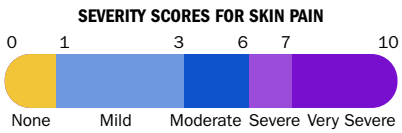
HiSCR50/100 =
≥50%/100% reduction

HS Symptom Questionnaire (HSSQ):

Assesses

1. **Skin pain**
2. **Itch**
3. **Smell or odor**
4. **Drainage/oozing**

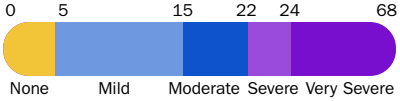
Over the **past 7 days** using a numerical scale[16]



HS Quality of Life (HiSQOL):

Patient responses to assess 3 areas[17,18]

1. **HS-specific symptoms**
2. **Psychosocial impact**
3. **Daily living activities**



References: 1. Alikhan A, et al. *J Am Acad Dermatol*. 2019;81(1):76-90. **2.** Hoffman LK, et al. *Cutan Med Surg*. 2017;36(2):47-54. **3.** Sabat R, et al. *Nat Rev Dis Primers*. 2020;6(1):18. doi:10.1038/s41572-020-0149-1. **4.** Frew JW, et al. *JAMA Dermatol*. 2021;157(4):449-455. **5.** Zouboulis CC, et al. *Dermatology*. 2015;231(2):184-190. **6.** Martorell A, et al. *Am J Clin Dermatol*. 2026;27:217-226.**7.** Martorell A, et al. *J IMIDs*. 2022;2(1):8-19. **8.** Marzano AV, et al. *Br J Dermatol*. 2021;184(1):133-140. **9.** Micheletti RG. *Semin Cutan Med Surg*. 2014;33(suppl 3):S51-S53. **10.** Scala E, et al. *Cells*. 2021;10(8):2094. doi:10.3390/cells10082094. **11.** Lee EY, et al. *Can Fam Physician*. 2017;63(2):114-120. **12.** Koerts NDK, et al. *Clin Dermatol*. 2023;41(5):601-610. **13.** Vinding GR, et al. *Br J Dermatol*. 2014;170(4):884-889. **14.** Kimball AB, et al. *Br J Dermatol*. 2014;171(6):1434-1442. **15.** van Straalen KR, et al. *Exp Dermatol*. 2022;31(suppl 1):33-39. **16.** Ingram J, et al. Poster presented at: ISPOR Europe; November 12-15, 2023; Copenhagen, Denmark. **17.** Kirby JS, et al. *Br J Dermatol*. 2020;183(2):340-348. **18.** Kirby J, et al. Poster presented at: International Society for Pharmacoeconomics and Outcomes Research (ISPOR); November 12-15, 2023; Copenhagen, Denmark.

Hidradenitis Suppurativa Foundation, Inc.

Inspired by patients. Driven by science.