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# Hidradenitis suppurativa: a common condition often left undiagnosed

**'... how about hidradenitis suppurativa (HS)? Hard to spell, hard to pronounce but, more importantly, really hard to be a patient with the condition.'**

**D**ermatological conditions are notoriously difficult to spell! Psoriasis with its silent 'P' and eczema without an 'X'. But how about hidradenitis suppurativa (HS)? Hard to spell, hard to pronounce but, more importantly, really hard to be a patient with the condition.

HS is a disease in which a patient develops boils and abscesses in the most intimate of areas (*Figure 1*); predominantly the groin and axillae. These are chronic and long standing. They can develop into sinus tracts with excessive wound exudate, infection and pain. Both hypertrophic and atrophic scarring can occur and these changes are permanent. No one is really sure what causes it and although it can come and go, it is a chronic long-term condition. It often starts early in the twenties and it is three times more likely to affect women than men (Kirby et al, 2017). So, this must be a rare condition — surely? The sad answer is no. Estimations of prevalence vary, but globally it is thought to be between 1–4% (Jemec et al, 1996), which is on a par with psoriasis.

I wanted to highlight HS in this editorial because recently I was lucky enough to speak with a young

woman who has HS. She has had it since she was 12, which, although early to start the condition, is not unheard of. It took years for her to be properly diagnosed and like many with HS, she suffered from mental health problems with a significant impact on her quality of life. When I asked her what would have improved things for her she was very clear:

- ▶ First, quick diagnosis
- ▶ Second, proper support for dressings and lifestyle advice
- ▶ Third, for someone to have said to her, 'this isn't rare — you are not alone'.

Primary care is always where patients with skin conditions are first seen, so we must get better at recognising common conditions and providing appropriate advice to go with that diagnosis. In the case of HS, alarm bells should start to ring if you are seeing someone with repeated boils and abscesses, particularly if they affect the axillae or the groin area.

The British Association of Dermatologists (BAD) provides good guidance on medication (Ingram et al, 2019), but supporting patients holistically goes far beyond this. They will need psychological

support, advice and supply of appropriate dressings and pain management. Indeed, Moloney et al (2022) in their evaluation of the impact of daily wound care for HS, concluded that it imposed a considerable 'personal burden' on patients and that clinicians needed to be more aware of the condition and its effects. The British Dermatological Nursing Group (BDNG) is currently working to improve the holistic care offered to this group of patients by developing a consensus statement taking in the views of multiple stakeholders.

## DERMATOLOGY SERVICES AFTER THE PANDEMIC

The pandemic and its aftermath have affected the way that all health services are delivered to patients. Dermatology is no exception to this. As a very visual speciality, the challenge to create pathways of care that are safe and effective for patients, while taking into account the difficulties created by the Covid pandemic, have been very real.

Although patient experiences will differ depending on where they are in the country, in general, those with potential skin cancer, have still been able to access services, while those with chronic conditions like psoriasis, eczema and HS have fared far less well. Many have been told that the wait to see a specialist may be up to a year. This, of course, has a huge impact on mental health, physical health, quality of life and economic prosperity.

At a primary care level, this has meant that practitioners have been

trying to manage people with more severe disease and considerable frustration about the fact that their healthcare needs are not being met. Over the last year, the National Outpatient Transformation Programme has been working with specialists to optimise access to care in a post pandemic era. A number of documents have been published with more to come. These guides give practical suggestions on topics, such as:

- ▶ The two-week wait skin cancer pathway (NHS England, 2022)
- ▶ A teledermatology roadmap (<https://future.nhs.uk/OutpatientTransformation/view?objectID=102950821>).

Documents on topics such as remote consultations and patient-initiated follow-up (PIFU) for people with skin conditions are also available ([www.england.nhs.uk/wp-content/uploads/2022/05/B0945-implementing-patient-initiated-follow-up-in-dermatology-services.pdf](http://www.england.nhs.uk/wp-content/uploads/2022/05/B0945-implementing-patient-initiated-follow-up-in-dermatology-services.pdf)).

There is also a useful and informative e-learning module on understanding HS on the Wound Care Today website where you can test your knowledge of the condition ([www.woundcare-today.com/learning-zone/understanding-hidradenitis-suppurativa/details](http://www.woundcare-today.com/learning-zone/understanding-hidradenitis-suppurativa/details)).



**Figure 1.** Examples of hidradenitis suppurativa. Photographs reproduced courtesy of Daylong Direct and HidraMed Solutions.

### British Dermatological Nursing Group

Access to membership services including national resources and education. Note: National Conference is 20 September, 2022. Find out more at: [www.bdng.org.uk](http://www.bdng.org.uk)

### Primary Care Dermatology Society

Primary care based dermatology information and access to educational courses. Find out more at: [www.pcdds.org.uk](http://www.pcdds.org.uk)

### Dermnet NZ

Information and photos for all skin conditions. Find out more at: [www.dermnetnz.org](http://www.dermnetnz.org)

### British Association of Dermatologists

Series of patient information leaflets and treatment guidelines. Find out more at: [www.bad.org.uk](http://www.bad.org.uk)

**‘Primary care is always where patients with skin conditions are first seen, so we must get better at recognising common conditions and providing appropriate advice to go with that diagnosis.’**

Looking after patients with skin conditions in primary care is always a challenge, but as I have highlighted in this editorial, there are many resources available to help. Whether you are looking for clinical support or information

about service delivery, I hope you will have found something here to aid you (see the *box* for a number of different organisations). **JCN**

## REFERENCES

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