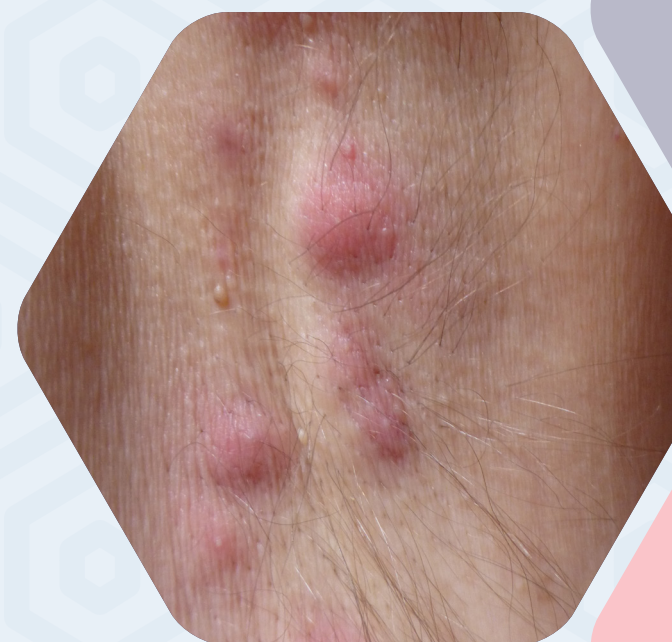


Could you have Hidradenitis Suppurativa (HS)?

Hidradenitis Suppurativa (HS) is a long-term inflammatory skin condition that causes painful boil-like lumps under the skin. They may become inflamed, drain pus, and be very painful^{1,2}.

It can affect anyone, commonly starting around puberty, and may develop slowly and over time¹.



Does this sound familiar to you or someone you know? Consider:

- 1** Have you had more than one outbreak of boils in the last 6 months?
- 2** Were the boils located in one or more of these areas: **armpit, groin, buttocks or chest?**

If you answered **YES** to these questions, you may have HS¹.

What to do next...

Speak to your GP

As HS is a long-term condition, it may get worse over time if not treated correctly¹.

The good news is that identifying the condition and starting treatment as early as possible can help prevent it worsening, and make it easier to live with^{1,2}.

Even if you have had the condition for a while, and have severe symptoms, **it is not too late to seek treatment.**

Treatment options...

Mention this poster to your GP to start a discussion about what treatment is right for you.

Depending on your individual condition, this may include prescribing you new medications or referring you to a specialist. Your GP may also recommend ways in which you can help take care of your general health and skin.

Remember, correct diagnosis can help manage symptoms and prevent complications^{1,2}.

**Access more
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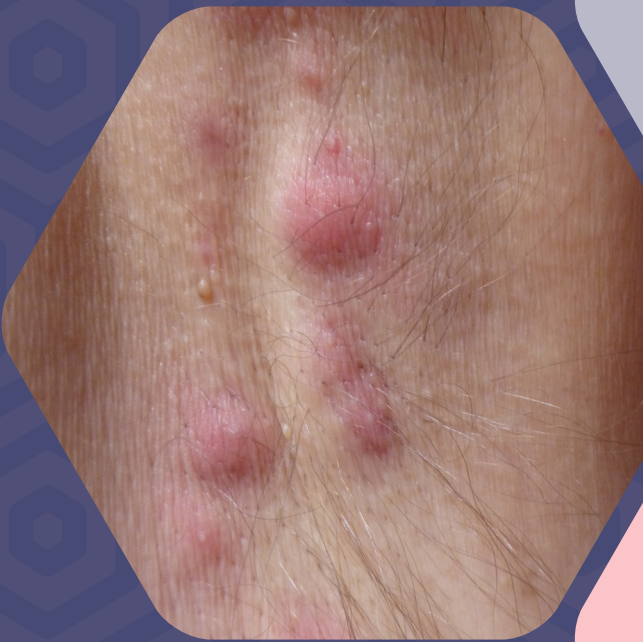


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Understanding Hidradenitis Suppurativa (HS)

Quick Guide for healthcare professionals

- HS is a chronic, inflammatory skin disease mostly affecting intertriginous areas (axillae, groin, buttocks, breasts).
- It presents with painful nodules, abscesses, and sinus tracts, often leading to scarring.
- HS often goes undiagnosed for years with significant impact on an individual's quality of life.
- Early diagnosis and treatment are essential to improve outcomes and reduce disease progression.^{1,2}



If you have a patient with the following symptoms, consider HS:

- **Appearance:** Recurrent skin inflammation accompanied by painful nodules/abscesses.
- **Frequency:** More than one outbreak of nodules/abscesses in the last 6 months.
- **Position:** Common areas include axillae, groin, breasts, chest and buttocks.
- **Family history:** Family history of HS is common.^{1,2}

If the answer is **YES** to these questions your patient may have HS

Treatment is based on severity of HS:

Mild disease symptoms

Presentation: Isolated nodules or abscesses without sinus tracts or scarring.

Consider:

- 1) **Topical therapies:** Antibacterial washes and topical clindamycin.
- 2) **Oral antibiotics:** A 12-week course of oral tetracyclines.
- 3) **Supportive care:** Pain management, wound care, and appropriate dressings for intertriginous or hard-to-dress areas (e.g. dressing retention system).
- 4) **Lifestyle changes:** Smoking cessation and obesity management may help to manage symptoms.
- 5) **Referral to dermatology:** If no improvement after 12 weeks.

NOTE: HS is a chronic, relapsing disease with potential for significant psychosocial impact. Timely intervention improves outcomes and reduces long-term complications.

Moderate-to-severe disease symptoms

Presentation: Recurrent or widespread abscesses, sinus tract formation, scarring and/or interconnected lesions across multiple areas.

Consider:

- 1) **Prompt referral to dermatology:** Consider biologics or surgical intervention.
- 2) **Involve tissue viability team:** To deliver advanced wound management (e.g. dressing retention system).
- 3) **Systemic antibiotics.**
- 4) **Holistic support:** Review impact on mental health and quality of life and engage with appropriate services.

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1. Cassarino D (2025) Hidradenitis suppurativa. <https://bestpractice.bmj.com/topics/en-gb/1047>
2. Nicolle L (2022) Optimising HS Care; A Multi-Professional Consensus Statement. BDNG; p.3–11. Available from: <https://hidramedsolutions.com/wp-content/uploads/2024/10/BDNG-September-2022-HS-Consensus-Supplement.pdf>