Patient journey from disease onset to commencing a biologic in hidradenitis suppurativa is complicated by diagnostic and therapeutic delay

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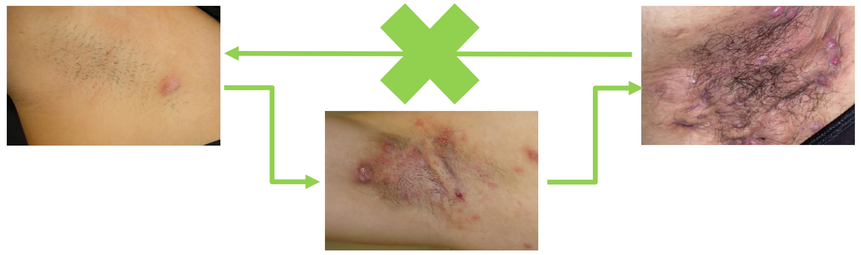
Introduction

Hidradenitis suppurativa (HS) is a chronic cutaneous inflammatory disorder characterised by comedones, nodules, cysts, sinus tracts and scarring in the axillae, groin and inframammary folds[1]. HS is complicated by its association with metabolic syndrome, psychological morbidity and diagnostic delay[1]. Therapeutic options are limited with antibiotics, acitretin, dapsone, spironolactone and hypoglycaemic agents[2]. Adalimumab and infliximab are the only currently recommended biologics for patients with moderate to severe disease[2]. Recently, a window of opportunity for intervention with adalimumab has been proposed advocating for earlier more aggressive systemic treatment of patients with HS to deliver better outcomes[3]. As patients progress from Hurley stage 1 disease to Hurley stage 2/3 with the formation of sinus tracts and scarring, ongoing tissue destruction results in more difficult to control disease and poorer outcomes[4].



Aims/Methods

- Evaluate patient journey from referral to commencement of a biologic
- Retrospective cohort study June 2004 to September 2020
- All patients attending dermatology in BHSCT with HS commenced on a biologic
- Chart and electronic care record review

Results

We identified 33 patients (20 female, 13 male) varying in age from 20 to 70 years. 26 patients were on adalimumab and 7 were on infliximab.

- Mean age of disease onset was 29.5 years (median 34; IQR 18)
- Average time from disease onset to first dermatology review was 7.6 years (median 5; IQR 8.25)

Results

- Mean time from initial dermatology consultation to commencement of a biologic was 34.8 months (median 23;IQR 38)

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- Average 5 treatments trialled prior to a biologic (antimicrobials, oral retinoids, dapsone, metformin, spironolactone and zinc)
- Seven patients (21.2%) upstaged from Hurley stage 2 to stage 3 from their initial consultation to starting their biologic

Discussion

Our review highlights the important issues of diagnostic and therapeutic delay in the care of patients with HS. Patients had suffered with their disease for an average 7.6 years prior to dermatology review similar to previous reports[6]. There is an under-recognition of HS in other specialties, social stigma associated with the disease and socio-economic barriers to care[6-8]. Patients received an average 5 treatments from their general practitioner and dermatologist prior to a biologic and 21.2% upstaged their disease in the 34.8 months prior to commencement. The limitations to our study are its retrospective nature and lack of controls for patients with HS not on a biologic agent.

Management of HS remains a challenge with multi-disciplinary input required including smoking cessation services, clinical psychology, dietetics, weight management, general and plastic surgeons and dermatologists. We propose that biologic drugs should be considered earlier in this disease to anticipate progression and minimise disease burden.

References

1. Lindhardt Saunte D., Jemec G. Hidradenitis Suppurativa: Advances in Diagnosis and Treatment. Journal of the American Medical Association. 2017;28(318(20):2019-2032.
2. Ingram J, Collier F, Brown D, Burton T, Burton J, Chin M et al. British Association of Dermatologists guidelines for the management of hidradenitis suppurativa (acne inversa) 2018. British Journal of Dermatology. 2019;180(5):1009-1017.
3. Marzano, A., Genovese, G., Casazza, G., Moltrasio, C., Dapavo, P., Micali, G., Sirna, R., Gisondi, P., Patrizi, A., Dini, V., Bianchini, D., Bianchi, L., Fania, L., Prignano, F., Offidani, A., Atzori, L., Bettoli, V., Cannavò, S., Venturini, M., Bongiorno, M., Costanzo, A., Fabbrocini, G. and Peris, K., 2020. Evidence for a 'window of opportunity' in hidradenitis suppurativa treated with adalimumab: a retrospective, real-life multicentre cohort study. *British Journal of Dermatology*, 184(1), pp.133-140.
4. Micheletti R. Natural history, presentation, and diagnosis of hidradenitis suppurativa. Seminars in Cutaneous Medicine and Surgery. 2014;33(3):S51-S53.
5. Martins D, Ayanruoh L, Paul M, Shukla N, Naik H. Hidradenitis suppurativa publications are sparse in frontline specialties. British Journal of Dermatology. 2020;183(4):770-771.
6. Kirby J, Leiphart P. Standing up together to the shame and stigma associated with hidradenitis suppurativa. 182(2). 2020;(267-268).
7. Wertenteil S, Strunk A, Gargantuas A. Association of Low Socioeconomic Status With Hidradenitis Suppurativa in the United States. Journal of the American Medical Association Dermatology. 2018;154(9):1086-1088.