What is HS?
HS is a chronic, inflammatory, recurrent, and debilitating skin disease of the hair follicle.
HS presents with painful, deep-seated, inflammatory lesions in the intertriginous, acrinal groove, and peri-anal areas of the body.

The Role of Chronic Inflammation in Hidradenitis Suppurativa Progression and Patient Outcomes

Chronic uncontrolled inflammation leads to tunnel formation, irreversible tissue destruction, and scarring.

1. Trigger
2. Follicular infundibulum occlusion
3. Bulb dilation
4. Rupture
5. Further rupture and tunnel formation

The Hurley staging system assesses the extent and type of lesions to indicate the severity of HS and direct treatment.
Increasing severity, decreasing quality of life.

Stage 1
Single or multiple abscesses without tunnels or scarring.

Stage 2
Widely separated recurrent abscesses, with tunnels and scarring.

Stage 3
Multiple interconnected tunnels and abscesses across the entire area, with scarring.

Stage 3 HS has a profoundly negative impact on all aspects of a patient’s life.
Many patients with HS report a very much or extremely impaired quality of life, which declines with increasing Hurley stage.

Patients live daily with chronic pain, purulent discharge, restriction of mobility (due to interconnected tunnels and scarring), stigma, impaired body image, sexual dysfunction, unemployment, and social isolation.

The burden of HS leads to high rates of depression, anxiety, and suicide.

Uncontrolled chronic inflammation can also result in systemic inflammation, and patients with HS have a high frequency of comorbidities, adding to the existing burden.

Despite the extensive impact on patient quality of life, diagnostic delay is a serious and prevalent issue for patients with HS and is associated with severe disease and a higher prevalence of systemic comorbidities.

Diagnosis of HS is made by naked-eye clinical observation and symptom history.
Criteria: Recurrent painful or suppurring lesions occurring more than twice in 6 months in one of the intertriginous areas of the body.

Affected populations
Approximately 1 in 100 people in Europe have HS.

HS typically develops at, or shortly after, puberty.
There is a female predominance of approximately 3:1 in Europe.

References

Abbreviations

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