WOUND CARE FOR HIDRADENITIS SUPPURATIVA

Content in this guide is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay seeking treatment because of something you have read below.

Watch the interview that accompanies this guide here.

WHO CAN GET HS?

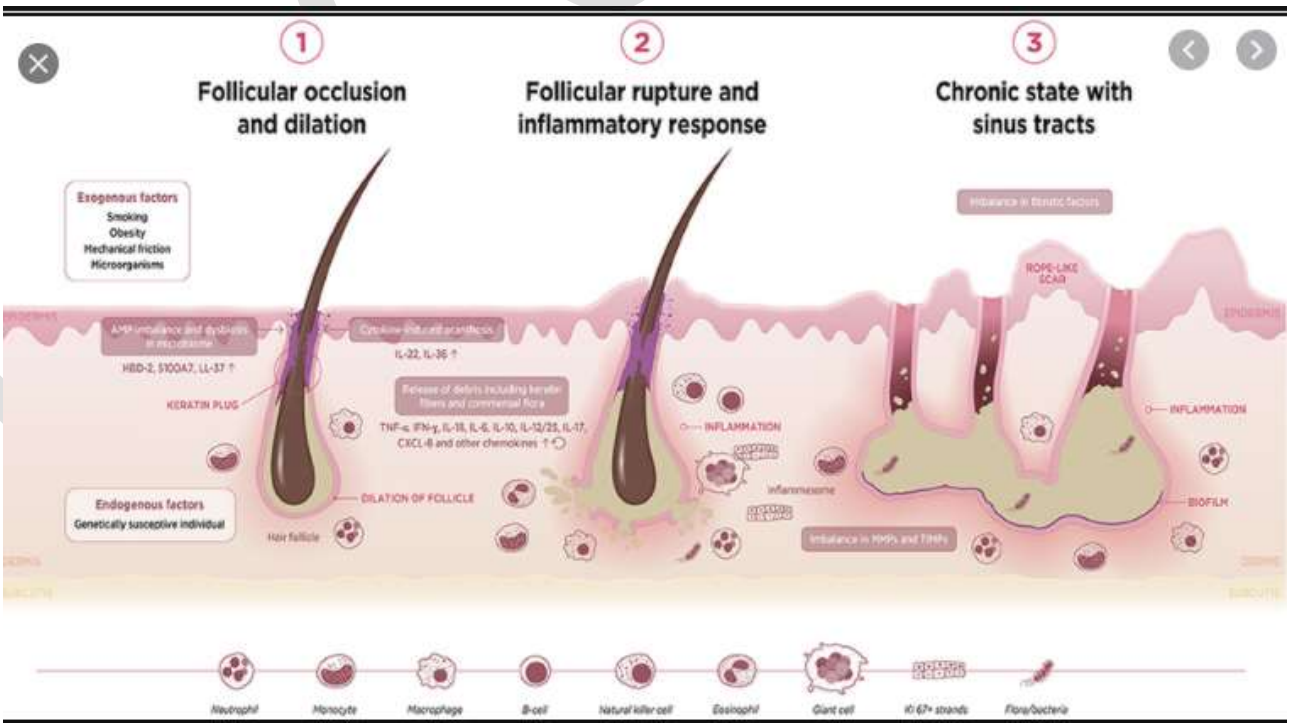
- **Anyone can have HS** - it has been documented in all ethnicities and ages.

WHY ME?

- Family history is reported in approximately 1/3 of patients
- It is not related to a person's hygiene
- Obesity and smoking do NOT cause HS but may exacerbate symptoms
- **IT'S NOT YOU, it's the disease.**

WHAT CAUSES HS?

It is not fully understood what causes HS, but the past several years of research suggests a genetic propensity resulting in a hyperinflammatory response at and around the hair follicles, resulting in evolving obstruction and nodular or abscess formation. HS is also a systematic inflammatory illness. Whether the systematic inflammation happens before abscess formation or after is still to be determined.



Reference: Goldburg S, Strober B, Payette M. "Hidradenitis suppurativa: Epidemiology, clinical presentation, and pathogenesis." Journal of the American Academy of Dermatology, Vol. 83 Issue 5.

HOW COMMON IS HS?

- Approximately 1-4% of the global population report having HS (however, growing awareness and diagnosis rates suggest the disease is more prevalent than once thought).
- **YOU'RE NOT ALONE!**

HOW TREATMENT IS DETERMINED & HOW THE RESPONSE TO THERAPY IS EVALUATED

Treatment recommendations are based on disease severity:

- The extent of skin involvement and presence of secondary lesions (i.e., sinus tracts and abscess formation)
- Severity of associated symptoms (i.e., pain, functionality)

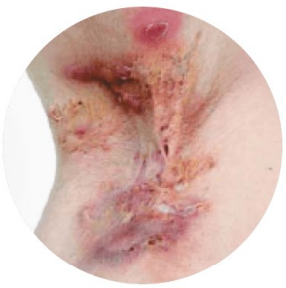
The Hurley staging system stratifies HS severity and helps guide therapy recommendations. Additional information on Hurley Stages can be found here.

Stage I

Typically presents as abscess formation, single, or multiple, without sinus tracts and scarring

Stage II

Typically presents as recurrent abscesses with sinus tract formation and scarring, single or multiple, widely separated lesions



Stage III

Typically presents as diffuse or near-diffuse involvement, or multiple interconnected sinus tracts and abscesses across entire area

Stage I

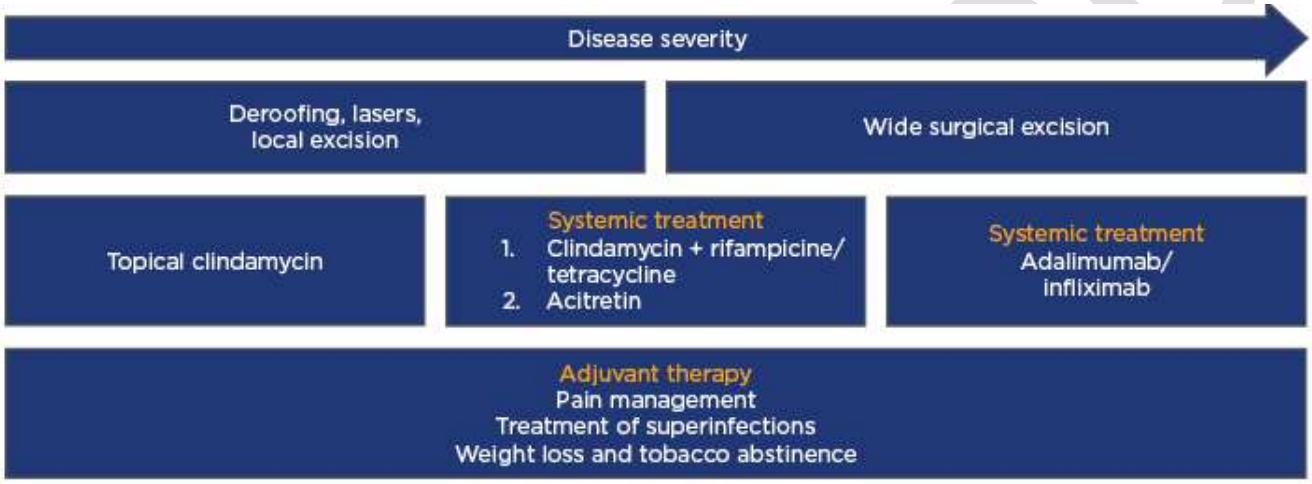
Stage II

Stage III

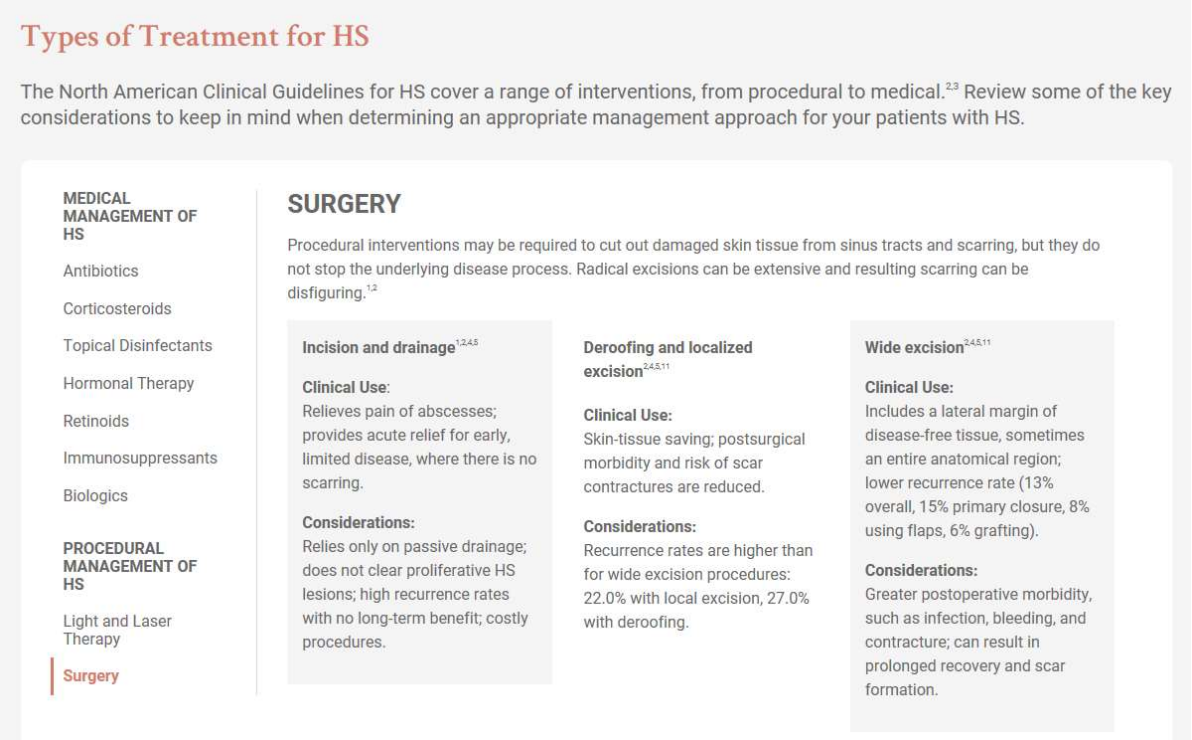
Responses to treatment are evaluated by:

- Reduced number of lesions and frequency of flares
- Reduced severity of inflammation and pain
- Improvement in quality of life (i.e., activity level, range of motion, time off work or avoiding certain activities)

Patients can help by recording the number of new lesions, daily log of activity, and pain level throughout preceding weeks or month(s) Click here for the HS Connect Flare & Lifestyle Tracker*



Rajshree Jayarajan,[1] Agata Bulinska[2]. EMJ Dermatol. 2017;5[1]:66-73. Accessed 4/21/21



Additional information regarding treatment options can be found in the HS Treatment Journey: Your Options article.

CAUTION:

GRAPHIC PHOTOS AHEAD

SURGICAL OPTIONS

I&D procedure. Image Reference Google image

I & D PROCEDURE

Punch / deroofing procedure. Image Reference Google image

PUNCH/DEROOFING PROCEDURE

(smaller abscess)

Wide deroofing procedure: Image Reference Google image

WIDE DEROOFING PROCEDURE

(larger or recurrent abscess)

WIDE EXCISION WITH PARTIAL THICKNESS SKIN GRAFT CLOSURE

Wide excision with partial thickness skin graft closure. Image Reference Google image

WIDE EXCISION WITH FLAP

Image reference: Alharbi Z, Kauczok J, Pallua N. A review of wide surgical excision of hidradenitis suppurativa. *BMC Dermatol*. 2012;12:9. Published 2012 Jun 26.

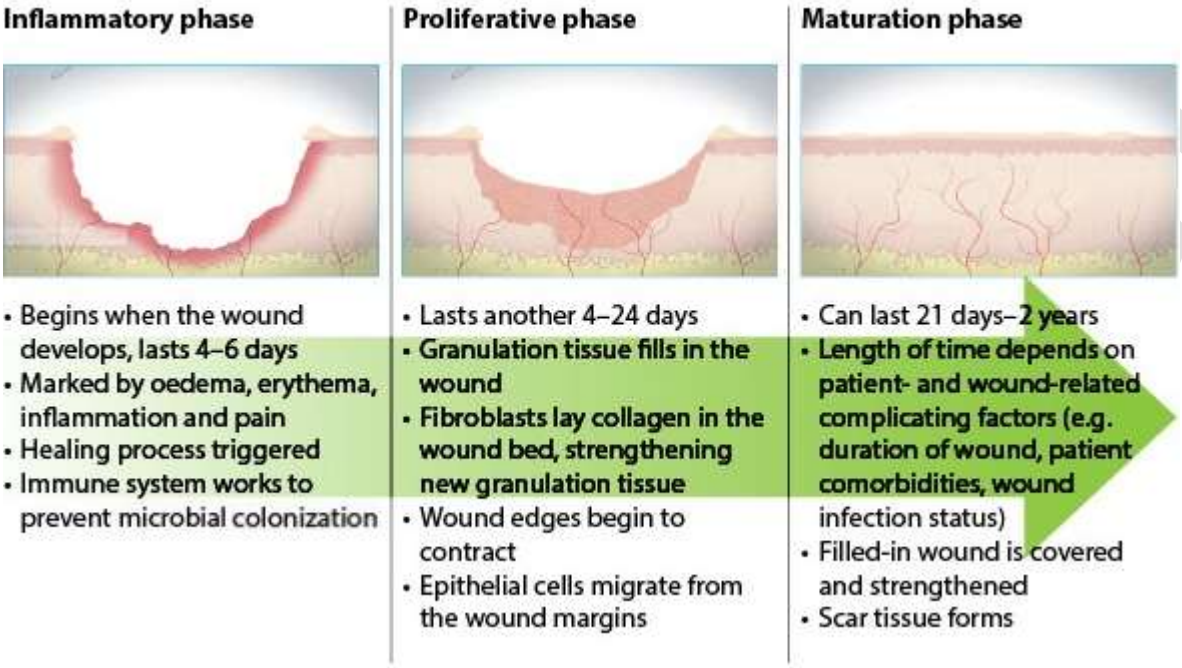
WIDE EXCISION VIA SECOND INTENT
(left open to heal from inside out)

Image reference: Brindley Kons

More information regarding surgical procedures for HS can be found in an article here.

HOW WE HEAL & HOW LONG HEALING TAKES

Figure 1 | Phases of wound healing



Reference: https://woulgan.com/wound-healing-stalled-wounds-brief-overview/

Average healing times:

- I&D – healing occurs within days, but lesions are likely to reoccur. (I&Ds are not recommended unless absolutely necessary.)
- Deroofing – healing occurs within weeks, less like to reoccur in the same area.
- Wide excision – healing occurs within weeks to months, least likely to reoccur.

DRESSINGS FOR DIFFICULT LOCATIONS

Bordered dressings or "Island dressing": Essentially a nonstick gauze with an adhesive border. This cloth tape adheres well but may cause pain on removal, especially if there is hair.

Silicone Bordered Foam Dressings: May be more comfortable but tends to be more expensive. Silicone tapes are also gentle and can be used to secure a number of different dressings.

Cardinal Health BFM48R Silicone Bordered Foam Bandage 4-inch x 8-inch (5), 5 Count

Non-Adhesive Dressing: May give you more flexibility in terms of shaping and placement. Feminine hygiene pads are designed to be highly absorbent and the adhesive backing may work well in underwear or adhered to t-shirt under arms.

Ferris PolyMem Non-Adhesive Pad Dressings (4x24"") (by the Roll)""

1 Count (Pack of 1)

★★★★½ 137

$33.67 ($33.67/Count)

Sponsored

Medpride Sterile Non-Adherent Pads| 50-Pack, 3" x 8"| Non-Adhesive Wound Dressing| Highly Absorbent & Non-Stick,...

★★★★½ 2,854

$14.84 ($0.30/Count)

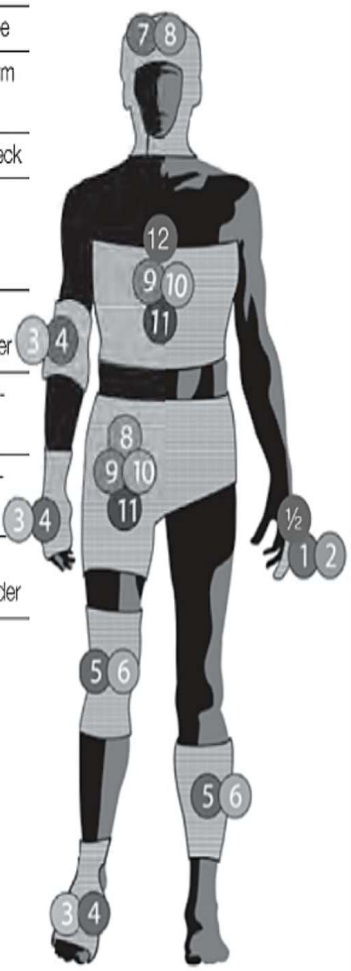
Mesh/Netting (AKA "Burn" or "Wound") dressing

SPKLANDS

Women Mesh Postpartum Panties Washable Reusable...

Mesh/Netting (AKA “Burn” or “Wound”) Dressing Size Chart

Item#	Size	Stretched Width	Relaxed Width	Description
Elastic Net, 25 yards stretched length, 1 roll per box				
NONNET012	½	4" (10.2 cm)	⅝" (1.6 cm)	Small Fingers, toes, wrists, circumcision
NONNET01	1	6" (15.2 cm)	0.6" (1.5 cm)	Large fingers, toes, wrists
NONNET02	2	7⅔" (19.5 cm)	0.8" (2 cm)	Small hand, arm, leg, foot
NONNET03	3	9⅓" (23.7 cm)	1" (2.5 cm)	Med hand, arm, leg, foot, multiple fingers
NONNET04	4	11⅝" (29.6 cm)	1.2" (3 cm)	Lrg hand, arm, leg, foot
NONNET05	5	12⅜" (31.4 cm)	1.5" (3.8 cm)	Avg arm, small leg/knee
NONNET06	6	17" (61 cm)	1.9" (4.8 cm)	Lrg leg, amputation, arm board, small head
NONNET07	7	28⅔" (72.8 cm)	2.3" (5.8 cm)	Avg head, face, ears, neck
NONNET08	8	31½" (79.6 cm)	2.8" (7.1 cm)	Small chest, back, perineum, axilla, shoulder, large head
NONNET09	9	35" (88.9 cm)	3.2" (8.1 cm)	Med chest, back, perineum, axilla, shoulder
NONNET10	10	41" (93.1 cm)	3.6" (9.1 cm)	Lrg chest, back, perineum, axilla, shoulder
NONNET11	11	46" (101.6 cm)	4.3" (10.9 cm)	XL chest, back, perineum, axilla, shoulder
NONNET12	12	56" (142.2 cm)	4.7" (11.9 cm)	XXL chest, back, perineum, axilla, shoulder
NONNET22	22	80" (203.2 cm)	8" (20.3 cm)	Bariatric/custom size



How Do I Treat This Wound?

The goal with wound care is to create a moisture balanced environment; not too moist and not too dry. *The following information is meant to serve as a general guide and may not work for every person or wound. Please consult your doctor if you need assistance with treating a specific wound.*

Should we let our wounds breathe?

Wounds heal from the oxygen, growth factors, and nutrients we get from our circulatory system. Leaving wounds open to air will most likely dry them out and in some cases dry wounds heal slower.

It's also not necessary to occlude wounds (i.e., tape them so tightly no air flow is possible). Most dressings have a degree of air transparency/fluidity to promote moisture and temperature balance.

There is anecdotal evidence (meaning not statistically significant) that wearing looser clothing and avoiding occlusive garments (no air flow) may reduce skin irritation, but this is not the case for everyone. **BOTTOM LINE: WEAR WHAT FEELS COMFORTABLE TO YOU.**

What do we do with "holes?" To pack or not to pack…

Incision & Drainage (I & D): Does not generally need to be "packed" – "packing" is an old school thinking. Patients usually have pain and difficulty "packing" their wounds and there is no evidence that this procedure reduces reoccurrence, infection, or promotes healing.

Recommend: Emollient or hydrogel to be placed in the wound if the opening is large enough, and cover with a protective absorbent pad that may be secured with a bordered adhesive dressing or held in place with undergarment/clothing or netting.

Larger or Deeper Wounds: May be "lightly filled" to help impart moisture or to wick drainage.

Recommend: Saline moistened gauze (also called wet to dry dressings) against the wound bed, covered with absorbent cover dressing, such as an ABD pad. Change daily or more often to ensure moisture balance; do not allow gauze to dry out.

More advanced therapies may be discussed with the surgeon or wound care provider.

RECOMMENDED PRODUCTS

Medical Honey

Advantages

- Anti-inflammatory
- Antimicrobial
- Creams, salves or topical products are more affordable
- Can be applied directly to the wound bed or on the dressing and placed against the wound bed

Disadvantages

- Costly for honey impregnated dressings (not necessary)
- May increase moisture/drainage

Neosporin, Vaseline, A & D, Hydrogel, or Lanolin

There is likely no additional benefit from Neosporin and it may cause more skin irritation than Vaseline or another similar product.

Recommended: A&D or lanolin-based product (be sure to read the active and inactive ingredient list).

Cleansing Products

- Saline
- A mild hypoallergenic wash is always reasonable
- Chlorhexidine 4% (Hibiclens) antimicrobial soap
    - Use 2-3 times per week
    - Leave in place for 3-5 minutes before rinsing
    - Rinse thoroughly
    - Foaming pump is recommended. It makes the product last longer and is easier to apply. This product can be drying, do not use where there are mucus membranes, such as in the vagina.
- Zinc Pyrithione: Antimicrobial and antifungal properties often used to treat seborrheic dermatitis or psoriasis (also an inflammatory condition). May reduce inflammation.
- Benzoyl Peroxide is not recommended as it is likely to cause drying and skin irritation.

Hypertrophic Scarring

- Disease states needs to be under control
- Silicone scar sheets or silicone cream could be considered and may be effective for new scarring

- Vitamin E orally and topically is reasonable (do not overdose, take only as recommended on bottle usually 400IU per day)
- Hydrocortisone cream or ointment over the counter is safe and may reduce hypertrophic formation, particularly with new scarring.
- Consult a dermatologist or plastic surgeon to consider surgical management for older and/or extensive scarring.

Additional products for wound care can be found on our Product Suggestion page.

References:

Ingram, JR. Hidradenitis suppurativa: Management. In: UpToDate, Ofori, AO (Ed), UpToDate, Waltham, MA, 2021.

North American clinical management guidelines for hidradenitis suppurativa: A publication from the United States and Canadian Hidradenitis Suppurativa Foundations; https://www.jaad.org/article/S0190-9622(19)30367-6/fulltext. Accessed 4/21/21.

https://www.hsdiseasesource.com/hs-treatment-options