

Women's Health Center of Dickson
Michael Hawkins M.D.
Brooke Hawkins NP-C
111 Hwy 70 East Suite H
Dickson, TN 37055
615.446.4400 phone
615.446.4234 fax

Hidradenitis Suppurativa

Hidradenitis suppurativa (HS) is a chronic, inflammatory condition that is neither contagious nor due to poor hygiene. A family history is common. The course of HS varies from person to person. Local support groups exist, you may find the [Hidradenitis Suppurativa Foundation](#) and the [Hidradenitis Suppurativa Trust](#) helpful. There are numerous interventions for stage I and II disease. I have listed the more common ones below:

- 1) Use dressings that minimize skin trauma: no adhesive tape, use fishnet dressings to hold absorbent material in place.
- 2) Use topical antiseptic washes to cleanse skin in affected areas : chlorhexidine 4%, benzoyl peroxide, or zinc pyrithione. (However, evidence to confirm benefit of these interventions are lacking).
- 3) Use Ibuprofen or other NSAIDs to treat pain and inflammation.
- 4) Weight loss has been suggested (but not proven) to improve HS.
- 5) Smoking cessation has been suggested (but not proven) to improve HS.
- 6) Metformin may be used to treat HS and helps with weight loss (max 500mgTID).
- 7) In mild cases, start with topical Clindamycin to reduce inflammatory lesions (2x/day).
- 8) If topical Clindamycin does not help, you may try using oral Doxycycline (100mg 1-2x/d) for three months.
- 9) Antiandrogenic therapy can help: oral contraceptives or spironolactone (100mg/d).
- 10) Acute symptomatic lesions can be treated with:
 - a. Warm compresses
 - b. Injection of corticosteroid injections
 - c. Punch debridement
 - d. Routine incision and drainage is not recommended!
- 11) Severe refractory disease/stage III (with an HS specialist):
 - a. Wide excision (surgery)
 - b. Nd:YAG laser
 - c. Medications: Rifampin, Moxifloxacin, and Metronidazole