

SKIN AND SOFT TISSUE INFECTIONS

Hidradenitis Suppurativa

Hidradenitis suppurativa (HS) or *acne inversa*, is a painful chronic inflammatory disease of the apocrine gland, characterised by persistent or recurrent boil-like nodules, scarring, and abscesses in the axillae, groin, and under the breasts.

Diagnostic features of hidradenitis suppurativa:

- **Typical lesions** – inflamed nodules, discharging abscesses, chronic sinus tracts, rope-like scars, and comedones.
- **Typical sites** – groin and axillae are commonest, but breasts, neck, lower abdomen, and perineum are also recognised sites.
- **Typical course** – skin lesions recurring or non-resolving at the same sites, despite standard short antibiotic courses. At least two lesions in the past 6 months or a lifetime history of at least five lesions.

The main scoring system used is the **Hurley Scale**, which is defined as follows:

- **Stage 1 (mild)** – solitary or multiple, isolated abscess formation without scarring or sinus tracts.
- **Stage 2 (moderate)** – recurrent abscesses, single or multiple widely separated lesions, with sinus tract formation
- **Stage 3 (severe)** – diffuse or broad involvement, with multiple interconnected sinus tracts and abscesses.

Management:

- Document the Hurley stage at baseline and measure lesion count/number of flares in the last month.
- Screen people with HS for associated comorbidities including depression, anxiety, and cardiovascular risk factors (diabetes, hypertension, hyperlipidaemia, and central obesity).
- Provide a [patient information leaflet](#).
- Provide adequate pain relief to manage acute flares: NSAIDs can be used to treat both pain and inflammation if appropriate.
- Provide dressings for pus-producing lesions.
- Additional resources: [Management of hidradenitis suppurativa](#), [NHS conditions](#).

General measures for patients

- Advise patient to lose weight and stop smoking (if relevant)
- Avoid tight clothing
- Reassurance that the condition is not infectious or a result of poor hygiene
- Wash with antiseptic soaps or bath additives
- Stress management
- Consider joining a support group e.g., The HS Support Network (accessed via Facebook or Instagram)

Medical Management:

- Topical antibacterial preparations should be used regularly to reduce the skin carriage of bacteria. Consider both of the following:
 1. Chlorhexidine 4% wash – can be used as a soap substitute but should be washed off after five minutes
 2. Clindamycin 1% lotion twice daily for localised cases – avoid alcoholic preparations due to stinging
- **Systemic antibiotics** (see table below) - the mechanism by which antibiotic therapy improves HS is not definitively known. Antibiotics may help to control skin bacterial load and provide some anti-inflammatory effects.
- **Assess response at 12 weeks:** Assess pain, lesion count/number of flares in the last month.
- **Lack of response:** Refer to the dermatologist-led team.
- **Treatment Success:** Consider treatment breaks to assess the need for ongoing therapy and to limit the risk of antimicrobial resistance.

Antibiotic ¹	Dosage	Duration
Lymecycline	Adults: 408mg once a day	12 weeks
OR		
Doxycycline ²	Adults: 100mg once a day (increased to twice a day for severe symptoms)	12 weeks
<i>For acute flare-ups, consider stopping lymecycline/doxycycline and give flucloxacillin for no more than 2 weeks. If penicillin allergic, please consider clindamycin.</i>		
Flucloxacillin	Adults: 500mg four times a day	7-10 days
OR		
Cefalexin (<i>not suitable in severe penicillin allergy</i>)	Adults: 500mg four times a day	7-10 days
OR		
Clindamycin (<i>if severe penicillin-allergy</i>)	Adults: 300mg four times a day (<i>can increase to 450mg four times a day</i>)	7-10 days
¹ See BNF and BNFC for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, breastfeeding. ² Doxycycline is not suitable for pregnant women		

NOTE: Clindamycin + rifampicin combination may be initiated by dermatology only (AMBER 2 recommendation). National stocks of rifampicin are currently low and are being prioritised for other critical indications. **Rifampicin is NOT to be prescribed in primary care until the shortage is resolved, as per the national [CAS alert July 2025](#).** Contact specialist if advice on alternative required.

Indications for Referral:

- Consider immediate referral to dermatology team for severe (Hurley stage III) disease.
- Consider referral to mental health services if the patient experiences significant psychological distress or a mental health disorder.
- If persistent gastrointestinal symptoms are reported refer for inflammatory bowel disease screening.
- Where relevant, refer people with HS to smoking cessation services and/or weight management services.