

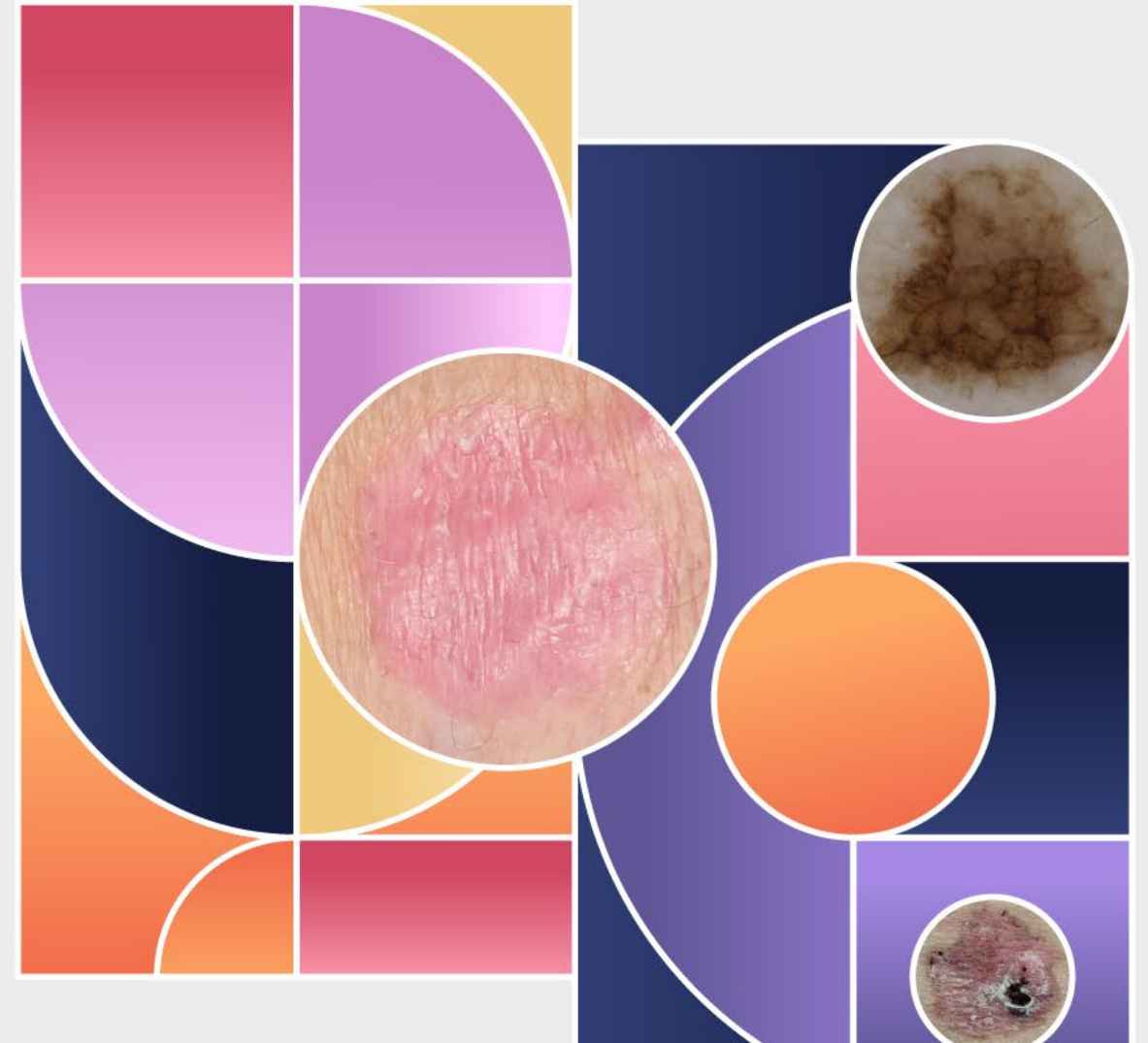
ROMA 21-22 Marzo 2025

Dott. Enrico Matteini

Idrosadenite suppurativa: casistica clinica

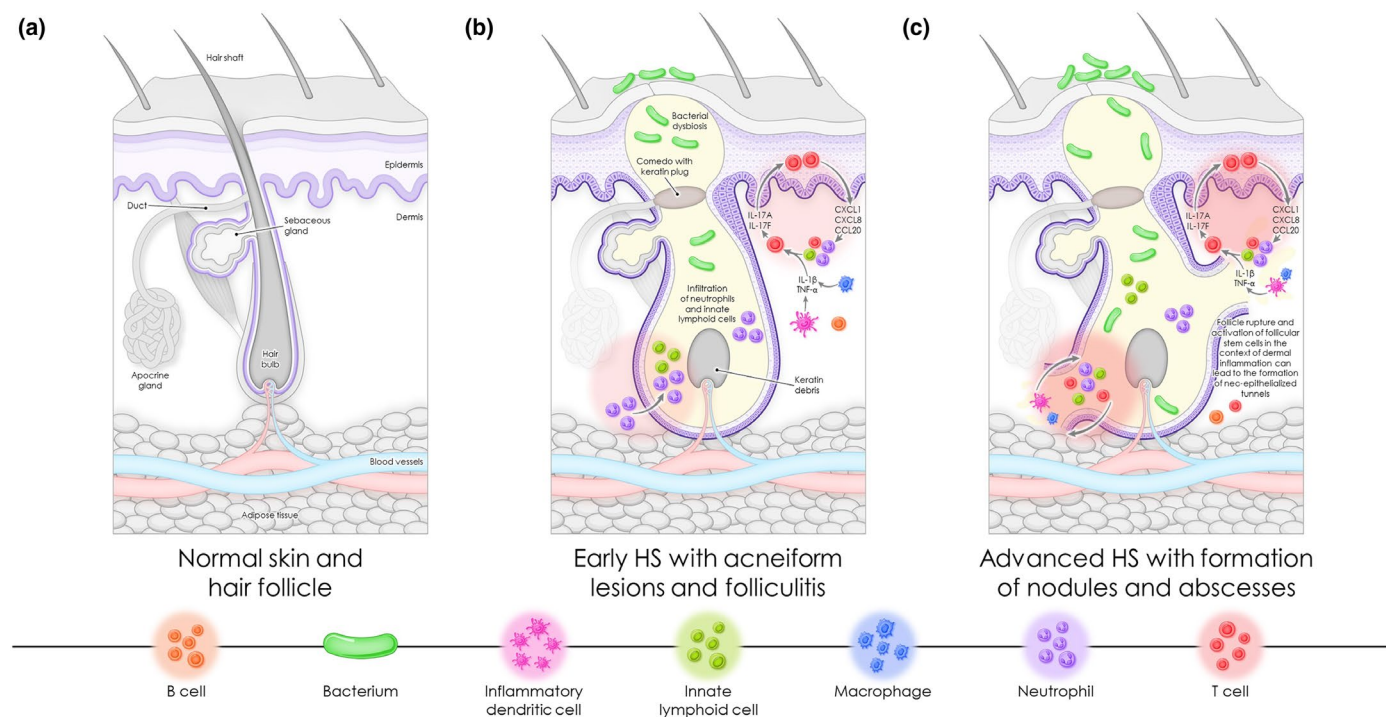
YES^{or}NO **CONTEST 1° INCONTRO 2025**

Dermatology Update



Hidradenitis suppurativa: early HS pathogenesis

IL-17A and IL-17F are key drivers of the pathogenesis of HS. IL-17-producing CD4+ T cells were shown to be **enriched** more than 40-fold in HS-involved skin vs. normal skin. These cells have been shown to distinctly infiltrate lesional dermis and, to a lower extent, perilesional skin of patients with HS vs. healthy controls.

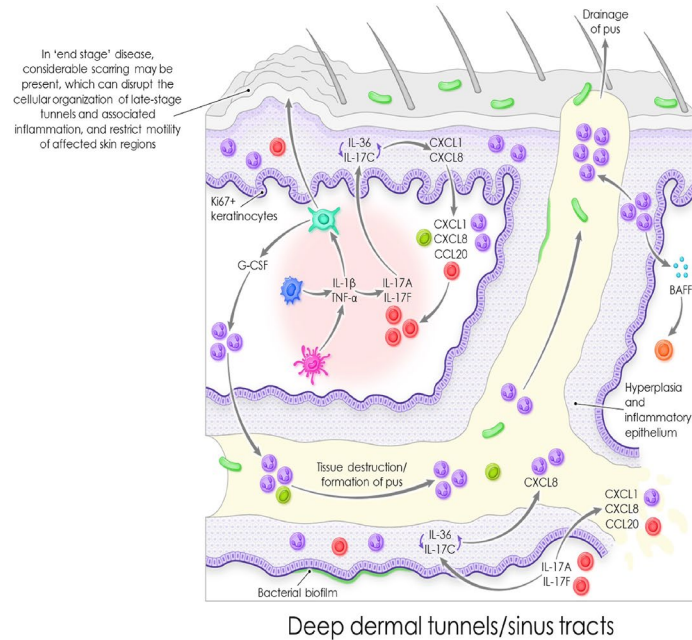


1. Krueger JG, et al. Hidradenitis suppurativa: new insights into disease mechanisms and an evolving treatment landscape. Br J Dermatol. 2024 Jan 23;190(2):149-162.

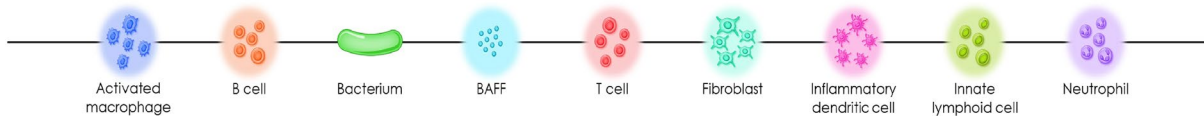


Hidradenitis suppurativa: clinical cases¹

Hidradenitis suppurativa: later-stage HS pathogenesis



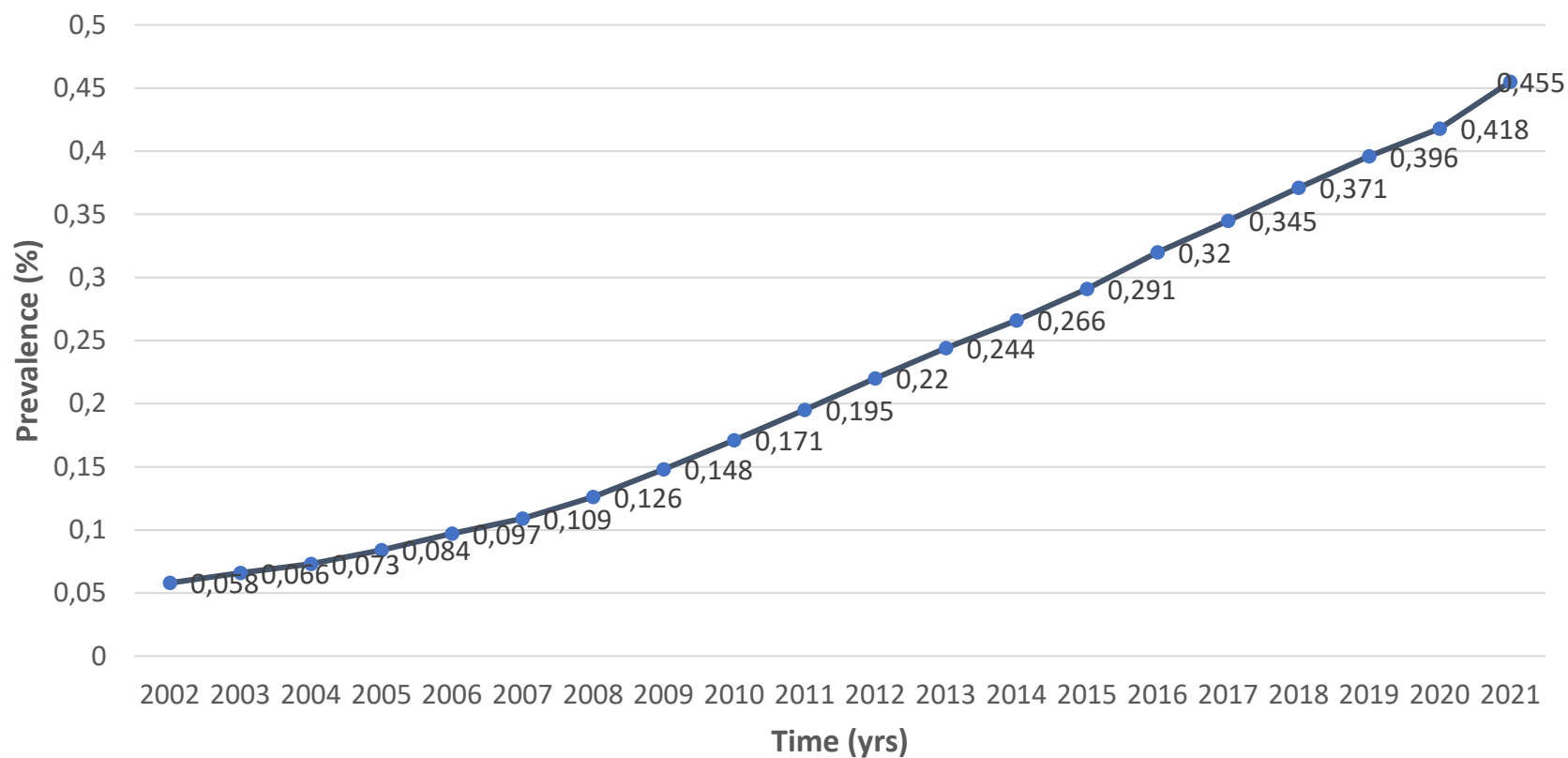
Follicle rupture and the activation of follicular stem cells in the context of dermal inflammation can lead to the formation of neo-epithelialized tunnels. Tunnel-lining keratinocytes are activated by interleukin (IL)-17A and IL-17F to produce mediators such as CXCL1, CXCL8 and CXCL20, which drive dermal inflammation around tunnels and neutrophil influx into the tunnel lumen, contributing to tissue destruction and draining once tunnels become connected to the skin surface.



1. Krueger JG, et al. Hidradenitis suppurativa: new insights into disease mechanisms and an evolving treatment landscape. Br J Dermatol. 2024 Jan 23;190(2):149-162.



Prevalence of HS: a (not so) rare disease



1. Lapi Fet al.. Epidemiology and clinical correlates of hidradenitis suppurativa in primary care in Italy. Fam Pract. 2024 Oct 8;41(5):711-718..



Hidradenitis suppurativa: the PTV experience

At Policlinico Tor Vergata, the attendance at the tertiary-level hidradenitis suppurativa clinic increased from 306 patients in 2023 to 384 in 2024, marking a **25.49%** rise. This growth reflects increasing awareness of the disease and the expanding demand for specialized care.

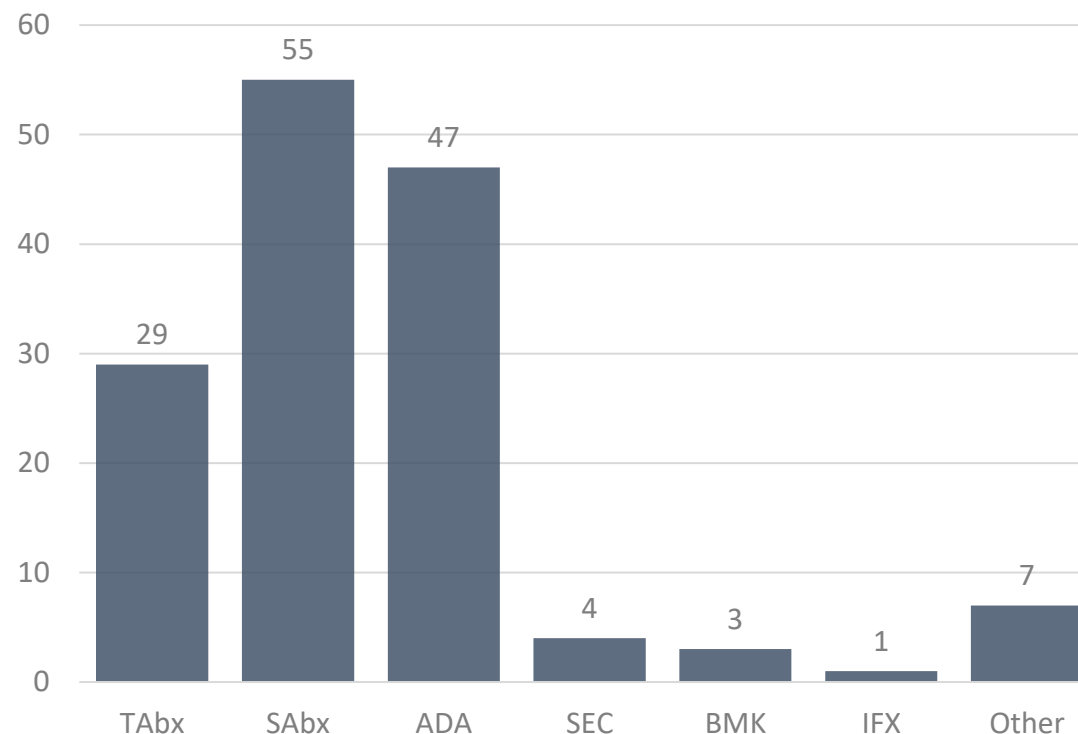


Table I. Current treatments for patients with HS at PTV

1. Personal experience, for educational purpose only.



Hidradenitis suppurativa: clinical cases¹

HS clinical cases

Enrico, 65 y.o.

Risk Factors: Overweight (BMI 29,03),
smoker of 10 cigarettes/day

Medical History: Dyslipidemia, Psoriatic
Arthritis

Previous Treatments: Systemic
antibiotics (doxycycline, clindamycin), oral
CCS, adalimumab, secukinumab



1. Personal experience, for educational purpose only.



PER RISPONDERE collegati con il tuo smartphone a: **meeter.it/yon**

Hidradenitis suppurativa: clinical cases¹

HS clinical cases

Enrico, 65 y.o.

Hurley: IIC

IHS4: 24

DLQI: 10

Pain Index: 6

In December 2024, treatment with bimekizumab 320 mg was initiated.



1. Personal experience, for educational purpose only.



PER RISPONDERE **meeter.it/yon**
collegati con il tuo smartphone a:

 **SCUOLA DERMATOLOGICA**
SERGIO CHIMENTI

Dermatology Update
ROMA 21-22 Marzo 2025

YES ^{or} **NO**

CONTEST
1° INCONTRO

1. L'Hidradenitis Suppurativa Clinical Response (HiSCR) viene raggiunta con una riduzione $\geq 50\%$ delle lesioni totali?

- 1. Sì**
- 2. No**



PER RISPONDERE
collegati con il tuo smartphone a:

meeter.it/yon



SCUOLA DERMATOLOGICA
SERGIO CHIMENTI

Dermatology Update
ROMA 21-22 Marzo 2025



CONTEST
1° INCONTRO



HS scoring systems

Clinical Response Assessment Scores

The **International Hidradenitis Suppurativa Severity Score System (IHS4)** is a dynamic scoring system derived from the sum of active lesions presented by the patient:

IHS4-55 is a dichotomous version of IHS4, which identifies responders patients who achieve a **55% reduction in total IHS4 score**

$$\text{IHS4} = (\text{n. of inflammatory nodules} \times 1) + (\text{n. of abscesses} \times 2) + (\text{n. of draining tunnels} \times 4)$$

The **Hidradenitis Suppurativa Clinical Response (HiSCR)** identifies responders as those who achieve **at least a 50% reduction in AN count AND no increase of abscess and/or draining tunnels relative to baseline.** As a quantitative score, IHS4 allows for a more precise stratification of HS patients into mild, moderate, and severe disease activity categories, unlike other qualitative indices.

Quality of Life Assessment Scores

IHS4

HS

The **Dermatology Life Quality Index (DLQI)**: A 10-item questionnaire assessing the **impact of skin disease on daily life**. Scores range from **0 (no impact) to 30 (extreme impact)**.

≥ 11

Severe

Table II. Cut-off values to evaluate

HS severity by IHS4

Pain Index: A patient-reported measure evaluating pain intensity and frequency in HS. It is calculated as **Pain intensity (0-10) × Number of days with pain in a month (0-30)**

1. Zouboulis CC et al.. European S2k guidelines for hidradenitis suppurativa/acne inversa part 2: Treatment. J Eur Acad Dermatol Venereol. 2024 Dec 19.



Hidradenitis suppurativa: clinical cases¹

HS clinical cases

Enrico, 65 y.o.

W16 of bimekizumab 320 mg/monthly

Hurley: IIB

IHS4: 8

DLQI: 8

Pain Index: 0



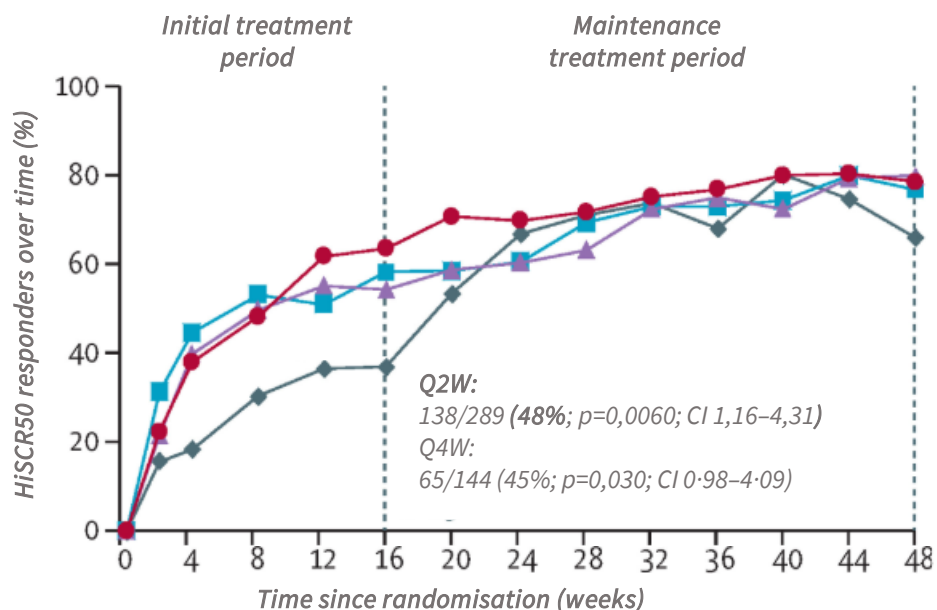
1. Personal experience, for educational purpose only.



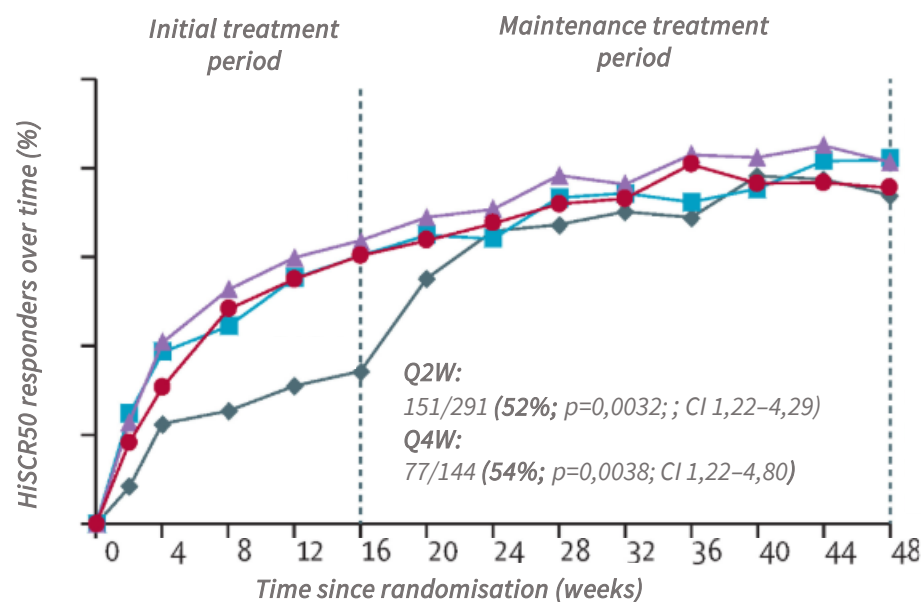
PER RISPONDERE collegati con il tuo smartphone a: **meeter.it/yon**

Bimekizumab in HS: the literature

A. BE HEARD I: HiSCR50 (OC)



B. BE HEARD II: HiSCR50 (OC)



- Bimekizumab 320mg every 2 weeks until W48
 BE HEARD I (n=143)
 BE HEARD II (n=145)
- ▲ Bimekizumab 320mg every 2 weeks until W16 and then every 4 weeks until W48
 BE HEARD I (n=146)
 BE HEARD II (n=146)
- Bimekizumab 320mg every 4 weeks until W48
 BE HEARD I (n=144)
 BE HEARD II (n=144)
- ◆ Placebo until W16 and then bimekizumab 320mg every 2 weeks until W48
 BE HEARD I (n=72)
 BE HEARD II (n=74)

1. Kimball AB et al. Efficacy and safety of bimekizumab in patients with moderate-to-severe hidradenitis suppurativa (BE HEARD I and BE HEARD II): two 48-week, randomised, double-blind, placebo-controlled, multicentre phase 3 trials. Lancet. 2024 Jun 8;403(10443):2504-2519



Bimekizumab in HS: safety



*In the BMK Phase III RCT, fungal infections were reported in 23% of patients in BE HEARD I and 25% in BE HEARD II among those treated with BMK. The incidence was generally similar across BMK treatment groups and lower in the placebo group up to week 16. Among these fungal infections, *Candida spp.* was the most commonly identified pathogen, with **oral candidiasis** occurring in **10% of patients in BE HEARD I** and **13% in BE HEARD II**.*

Our patient developed oral candidiasis after three weeks of BMK treatment and is currently undergoing treatment with nystatin mouth rinses.

1. Personal experience, for educational purpose only.



Hidradenitis suppurativa: clinical cases¹

HS clinical cases

Riccardo, 25 y.o.

Risk Factors: Obesity class I (BMI 32,60), smoker of 20 cigarettes/day

Familiar History: Positive for HS

Medical History: Palmo-plantar psoriasis

Previous Treatments: Clindamycin, adalimumab



1. Personal experience, for educational purpose only.



PER RISPONDERE
collegati con il tuo smartphone a:

meeter.it/yon



Dermatology Update
ROMA 21-22 Marzo 2025



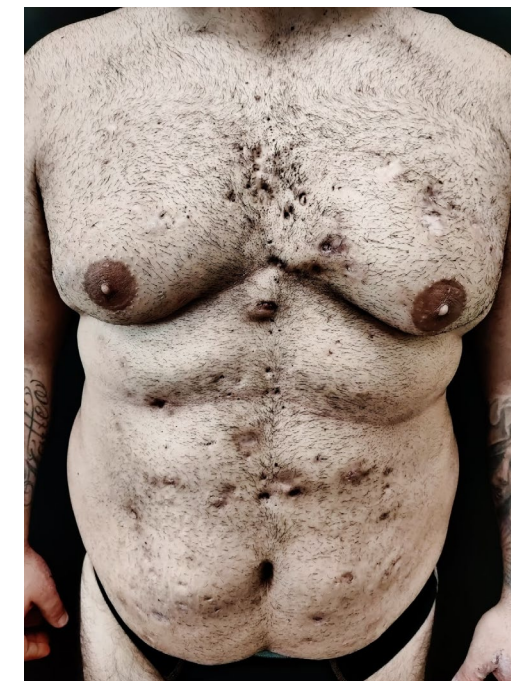
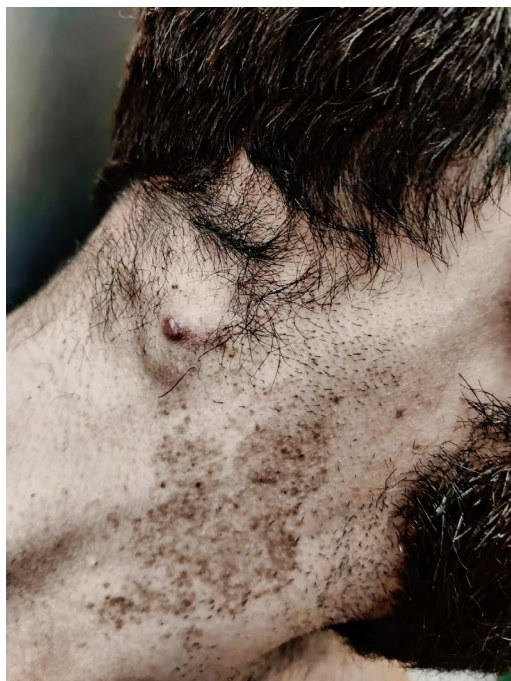
CONTEST
1° INCONTRO

Hidradenitis suppurativa: clinical cases¹

HS clinical cases



Hurley: III
IHS4: 19
DLQI: 18
Pain
Index: 20



In February 2025, treatment with secukinumab 300 mg was initiated.

1. Personal experience, for educational purpose only.



PER RISPONDERE collegati con il tuo smartphone a: **meeter.it/yon**

SCUOLA DERMATOLOGICA
SERGIO CHIMENTI

Dermatology Update
ROMA 21-22 Marzo 2025

YES ^{or} NO
CONTEST
1° INCONTRO

2. La posologia di secukinumab in HS è sempre raddoppiata rispetto a quella della psoriasi a placche

- 1. Sì**
- 2. No**



PER RISPONDERE
collegati con il tuo smartphone a:

meeter.it/yon



SCUOLA DERMATOLOGICA
SERGIO CHIMENTI

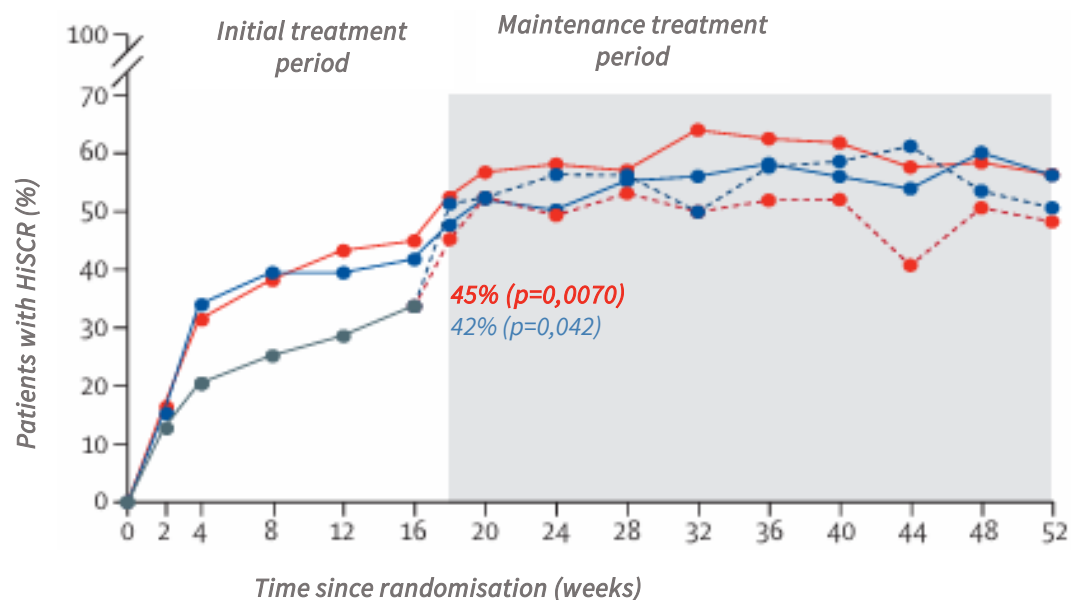
Dermatology Update
ROMA 21-22 Marzo 2025



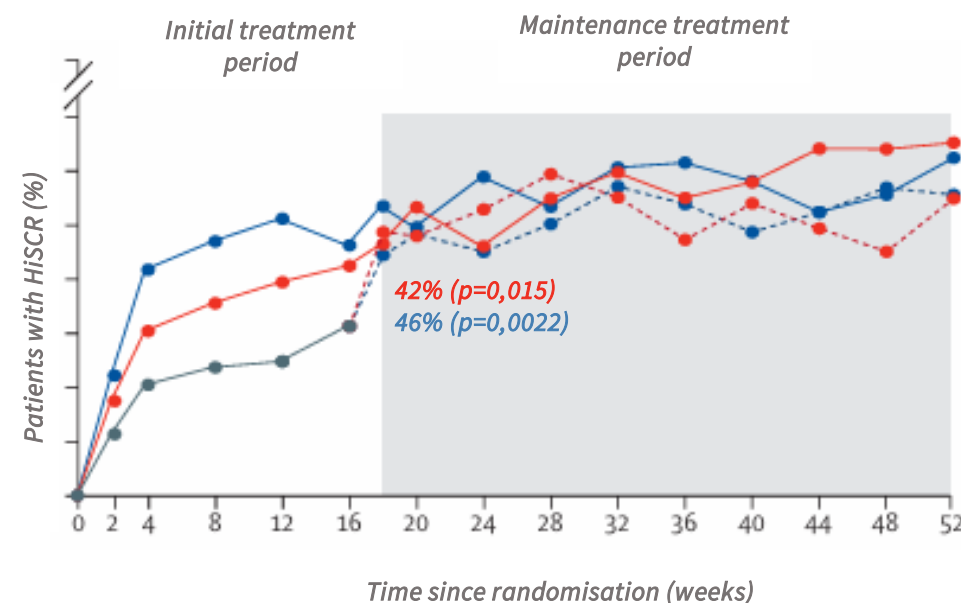
CONTEST
1° INCONTRO

Secukinumab in HS: the literature

A. SUNSHINE: HiSCR50 (OC)



B. SUNRISE: HiSCR50 (OC)



Secukinumab every 2 weeks
SUNSHINE (n=181)
SUNRISE (n=180)

Secukinumab every 4 weeks
SUNSHINE (n=180)
SUNRISE (n=180)

Placebo until W16
SUNSHINE (n=180)
SUNRISE (n=183)

Placebo-secukinumab every 2 weeks
SUNSHINE (n=75)
SUNRISE (n=74)

Placebo-secukinumab every 4 weeks
SUNSHINE (n=66)
SUNRISE (n=70)

1. Kimball AB et al. Secukinumab in moderate-to-severe hidradenitis suppurativa (SUNSHINE and SUNRISE): week 16 and week 52 results of two identical, multicentre, randomised, placebo-controlled, double-blind phase 3 trials. Lancet. 2023 Mar 4;401(10378):747-761.

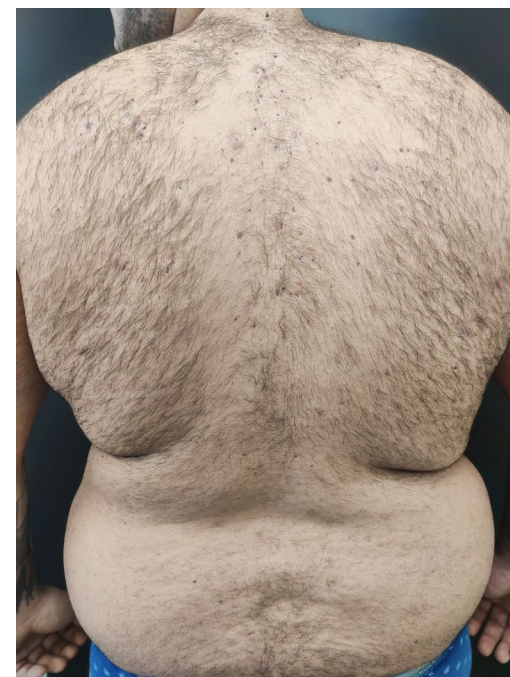
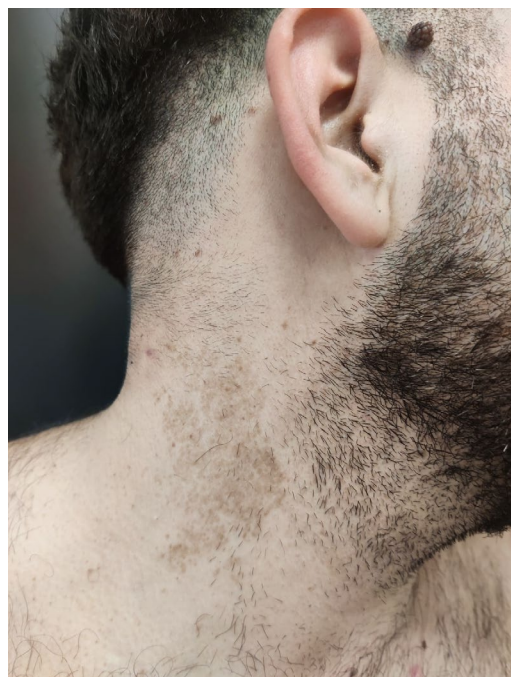


Hidradenitis suppurativa: clinical cases¹



HS clinical cases

Hurley: IIB
IHS4: 13
DLQI: 10
Pain
Index: 18



W4 of secukinumab 300 mg/week (induction dose)

1. Personal experience, for educational purpose only.



PER RISPONDERE collegati con il tuo smartphone a: **meeter.it/yon**

SCUOLA DERMATOLOGICA
SERGIO CHIMENTI

Dermatology Update
ROMA 21-22 Marzo 2025

YES^{or} NO
CONTEST
1° INCONTRO

Hidradenitis suppurativa: clinical cases¹

HS clinical cases

Alessandra, 46 y.o.

Risk Factors: Obesity class III (BMI 47,11)

Medical History: Hashimoto's Thyroiditis, T2DM, asthma, PCOS, fibromyalgia, hypercholesterolemia, hypertension, psoriatic arthritis

Previous Treatments: Cyclosporine, dapsone, adalimumab, infliximab, ustekinumab



1. Personal experience, for educational purpose only.



PER RISPONDERE collegati con il tuo smartphone a: **meeter.it/yon**

 **SCUOLA DERMATOLOGICA**
SERGIO CHIMENTI

Dermatology Update
ROMA 21-22 Marzo 2025

YES ^{or} NO

CONTEST
1° INCONTRO

Hidradenitis suppurativa: clinical cases¹



HS clinical cases

Hurley: III
IHS4: 47
DLQI: 29
Pain
Index: n/a



1. Personal experience, for educational purpose only.



PER RISPONDERE collegati con il tuo smartphone a: **meeter.it/yon**

 **SCUOLA DERMATOLOGICA**
SERGIO CHIMENTI

Dermatology Update
ROMA 21-22 Marzo 2025

YES ^{or} NO

CONTEST
1° INCONTRO

Hidradenitis suppurativa: clinical cases¹



HS: importance of multidisciplinary approach

Alessandra, 46 y.o.

November 2023

*Referral from infectious disease specialists for rescue therapy with **dalbavancin 1000 mg IV infusion**, followed by **500 mg IV after 7 days***

December 2023

*In collaboration with rheumatologists, initiation of **upadacitinib 15 mg/day**. Good control of HS and improvement in joint pain*

October 2024

*New **dalbavancin 1000 mg IV infusion** due to HS flare-up after the summer period*

1. Personal experience, for educational purpose only.



PER RISPONDERE
collegati con il tuo smartphone a:

meeter.it/yon



SCUOLA DERMATOLOGICA
SERGIO CHIMENTI

Dermatology Update
ROMA 21-22 Marzo 2025



CONTEST
1° INCONTRO

3. *La dalbavancina è indicata come rescue therapy per HS secondo le ultime linee guida europee (2024)?*

1. **Sì**
2. **No**



PER RISPONDERE
collegati con il tuo smartphone a:

meeter.it/yon



SCUOLA DERMATOLOGICA
SERGIO CHIMENTI

Dermatology Update
ROMA 21-22 Marzo 2025



CONTEST
1° INCONTRO

2024 European Guidelines for active HS

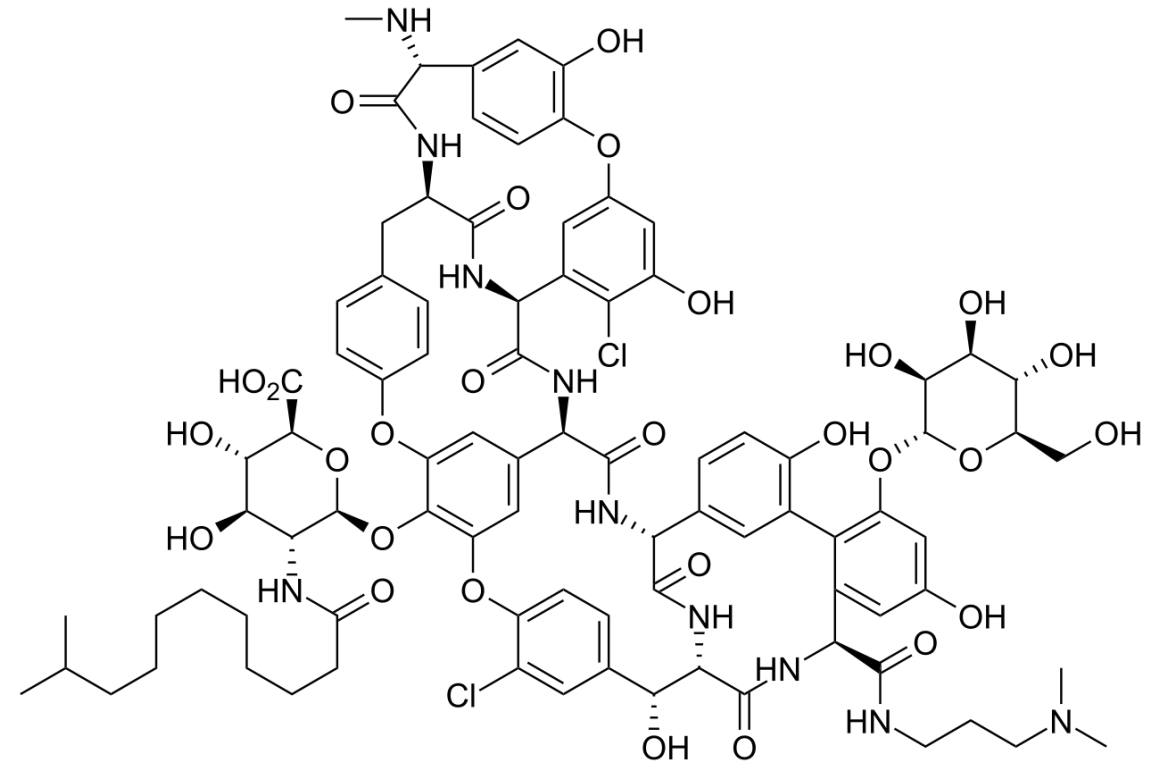
	MILD (IHS4 1-3)	MODERATE (IHS4 4-10)	SEVERE (IHS4 >11)
1° line	Tetracyclines p.o. Clindamycin 2x300 mg/d p.o. Resorcinol 15% peel 2x/d Intralesional triamcinolone 10-40 mg/ml	Clindamycin 2x300 mg/d / Rifampicin 2x300 mg/d p.o. Clindamycin 3x600 mg/d over 5 days i.v.	
2° line	Zinc gluconate 90 mg/d p.o.	Adalimumab 40 mg/week or 80 mg/every 2 weeks s.c. Secukinumab 300 mg every 2 or 4 weeks s.c. Bimekizumab and every 4 weeks s.c. thereafter 320 mg every 2 weeks s.c. for 16 weeks	
3° line	Acitretin 0.25-0.50 mg/kg/d p.o. Hormonal antiandrogens Metformin p.o. PDT Dapsone 25-200 mg/d p.o.	Infliximab 5 mg/kg every 8 weeks i.v. Adalimumab biosimilars Brodalumab 210 mg/every 2 weeks s.c. Povorcitinib 15-180 mg/d p.o. Upadacitinib 15 mg/d over 4 weeks p.o. Spesolimab 1200 mg/every 2 weeks s.c. Ustekinumab 45 mg/week s.c. Anakinra 100 mg/d s.c. Biologics/other agent combination	Ertapenem 1 g/d i.v.

1. Zouboulis CC et al.. European S2k guidelines for hidradenitis suppurativa/acne inversa part 2: Treatment. J Eur Acad Dermatol Venereol. 2024 Dec 19.



Rescue therapy in HS

*Dalbavancin is a semisynthetic glycopeptide exclusively used for acute skin infections caused by **Gram-positive bacteria**, which are closely linked to HS microbiota. Beyond its antibacterial effects, it promotes tissue repair by modulating MMP-1, MMP-9, EGFR, and VEGF expression. Its **role in HS** includes managing acute flares, bridging to surgery, supporting biologic therapy, or as an alternative in cases of biologic therapy failure or contraindications. It shows promise for late-stage HS with predominantly Gram-positive bacterial involvement.*



1. Molinelli E et al., Systemic Antibiotic Therapy in Hidradenitis Suppurativa: A Review on Treatment Landscape and Current Issues. *Antibiotics (Basel)*. 2023 May 29;12(6):978.





JAKi: safety

- *Upper respiratory tract infections*
- *Herpes zoster*
- *Higher rates of Non-melanoma skin cancer (NMSC)*
- *Alteration of the lipid profile*
- *Elevated creatine phosphokinase (CPK)*
- *Anemia, neutropenia, lymphopenia*
- *Hepatic disorder*

The majority of the adverse events were generally non-serious and did not lead to treatment discontinuation.

1. Burmester GR. et al. Safety profile of upadacitinib over 15 000 patient-years across rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis and atopic dermatitis. RMD Open. 2023;9(1):e002735.



Hidradenitis suppurativa: clinical cases¹

HS clinical cases



Hurley: III
IHS4: 14
DLQI: 14
Pain
Index: n/a



1. Personal experience, for educational purpose only.



PER RISPONDERE collegati con il tuo smartphone a: **meeter.it/yon**

SCUOLA DERMATOLOGICA
SERGIO CHIMENTI

Dermatology Update
ROMA 21-22 Marzo 2025

YES^{or} NO

CONTEST
1° INCONTRO



*HS Team
A.Giunta
E.Botti
E.Matteini
P.Di Domenico
F.Poscente*



PER RISPONDERE **meeter.it/yon**
collegati con il tuo smartphone a:



Dermatology Update
ROMA 21-22 Marzo 2025



CONTEST
1° INCONTRO