

INTRODUCTION

Management of hidradenitis suppurativa (HS) is mainly based on antibiotics, biologics and surgery. Biologics are indicated in Hurley II and III HS after failure of antibiotics. Adalimumab is the only biologic approved for this indication and is reimbursed in France for HS since August 2021. Other biologics are frequently used as infliximab. IL17 and IL23 inhibitors are used with limited evidence but encouraging results from open label studies, case series, and results of phase 2 study for bimekizumab. Phase 3 randomized controlled trials are ongoing for secukinumab and bimekizumab

MATERIAL AND METHODS

We performed a retrospective charts review in the GEM ResoVerneuil including all patients with hidradenitis suppurativa responding to infliximab after failure of IL17 inhibitors.

RESULTS

12 patients were included characteristics of which are detailed in Table 1. They were all treated with high dosage of infliximab (10 mg/kg every 4 weeks after induction period). Ten patients were overweight or obese; 9 were current or former smoker, 2 had a spondylo-arthritis, 4 had a family history of hidradenitis suppurativa. Ten patients previously received adalimumab discontinued for primary or secondary failure, one also received infliximab at the dosage of 5mg/kg. No side effect of infliximab was reported in this series.

	1	2	3	4	5	6	7	8	9	10	11	12
Age (years)	26	41	43	17	21	40	62	35	43	36	30	32
Gender	M	M	M	F	M	F	M	F	M	F	M	M
BMI (kg/m ²)	23.6	21	26.5	28.4	30.8	29.7	32.1	25.9	26.4	25.7	27.7	32.4
Smoking (pack-year)	0	11	15	0	3	12	6	0	6	Cannabis	10	6
Age at diagnosis	21	35	20	12	19	34	31	18	22	31	16	17
Hurley stage	II	III	II	II	II	III	III	II	III	III	II	III
Affected areas	Inguinal, buttocks, face	Inguinal, buttocks, face, plaques	Axillary, inguino-perineal	Axillary inguinal breast	Axillary, inguinal, buttocks	Axillary, inguinal, buttocks, breast	Buttocks, inguinal, pubic	Inguino-perineal, breast	Axillary inguino-perineal	Axillary, breast	Follicular inguinal buttocks	Axillary, inguinal
IL 17 inhibitor	Bimekizumab	SECU	SECU	SECU	SECU EOW	SECU EOW	SECU	SECU	SECU	SECU EOW	SECU	SECU
Length (months)	4	17	4	4	4	4	11	4	4	9	3	9
Reason for discontinuation	Primary failure	Primary failure	Primary failure	Primary failure	Secondary failure	Primary failure	Secondary failure	Primary failure	Primary failure	Secondary failure	Primary failure	Secondary failure
Previous biologic	None	None	ADA	ADA	ADA	IFX 5mg/kg	ADA	ADA	ADA	ADA	ADA	ADA
Length (months)			4	7	3	12	7	12	9	9	3	10
Reason for discontinuation			Secondary failure	Primary failure	Primary failure	Secondary failure ADA 6 Secondary failure	Secondary failure	Secondary failure	Secondary failure	Secondary failure	Primary failure	Secondary failure
IFX 10mg/kg every 4 w												
Length (months)	6	11	8	4	10	6	9	7	12	10	11	9
Effectiveness	HISCR 75	HISCR 75	HISCR 90	HISCR 50	HISCR 75	HISCR 75	HISCR 50	HISCR 90	HISCR 75	HISCR 75	HISCR 50	HISCR 75

Table 1: Characteristics of patients

M: male, F: female, ADA: adalimumab at hidradenitis suppurativa's posology, IFX infliximab, SECU secukinumab at psoriasis's posology, EOW: maintenance dose 300mg every other week

CONCLUSION

Infliximab at the regimen of 10mg/kg every 4 weeks seems to be an effective therapeutic option in HS patients who failed IL17 inhibitors, with no safety signal.