

INTRODUCTION

Treatment modalities for hidradenitis suppurativa (HS) include antibiotics, surgery, biologics, retinoids... Use of retinoids is based on open case-series. International guidelines of HS management differ concerning the type of retinoids and the HS's phenotype in which they are recommended. We sought to describe the practice regarding retinoids prescriptions for HS in France.

MATERIAL AND METHODS

We performed a practice survey in the French physician's network "ResoVerneuil" (278 members including dermatologists, surgeons, gastroenterologists involved in the treatment of HS) to identify the strategy of use of retinoids in daily life for the treatment of HS. An online questionnaire was sent to all members between 11th February and 23rd March 2022. Physicians were asked whether they use retinoids for HS and when appropriate which retinoid, for which profile of patients (follicular or classical HS, Hurley stage, gender), and modalities of prescription. Reasons for not prescribing retinoid of HS were analyzed.

RESULTS

107 physicians answered the survey: 104 dermatologists, 2 surgeons and 1 proctologist. 35.5% were hospital based, 35.5% had a private practice and 29% a mixed practice; 24.3% had a dedicated consultation for HS. 61 physicians reported to see less than 5 patients with HS per month, 31 5 to 15 patients and 15 more than 15 patients. 41 declared not to prescribe retinoids for HS due to lack of eligible patient (29.3%), lack of experience (39%), or lack of evidence in HS (61%). Among the 66 physicians prescribing retinoids, 61 used them for follicular phenotype of HS and 12 for classical HS. They were used after failure of antibiotics (n=57) or as first line treatment (n=15); as monotherapy (n= 27), in combination with antibiotic for flares (n=42), with background antibiotics (n=14), with zinc (n=7), with surgery (n=20) or with biologics (n=9). 49 physicians declared to prescribe isotretinoin, 39 acitretin and 9 alitretinoin. Table 1 detail the modalities of use of the different retinoids. One third of physicians declared that French recommendations for HS treatment published in 2019 led to a modification of their retinoid use.

CONCLUSION

More than 60% of physicians prescribed retinoids for HS, mostly for follicular phenotype. Isotretinoin and acitretin were preferred to alitretinoin, although the French recommendations consider the three molecules with the same level of evidence for follicular HS after failure of antibiotics. Retinoids were used in combination with other therapeutic modalities, even if data of their use in combination are scarce. Acitretin was rarely used in women of childbearing age due to its prolonged teratogenic potential, isotretinoin and alitretinoin were preferred in this situation. Isotretinoin and alitretinoin were used as short-term treatment by around 40% of the physicians, contrary to acitretin, that was preferentially used as long-term treatment. About 40% of physicians do not use retinoids in HS, mainly because considering them non-efficient in this indication.

This study underlines the heterogeneity of use of retinoids in HS. Studies with better level of evidence are needed to clarify their place in HS therapeutic strategy.

	Isotretinoin (n=49)	Alitretinoin (n=9)	Acitretin (n=39)
Prescription in			
Men	49 (100%)	7 (77.8%)	39 (100%)
Women of childbearing age	30 (61.2%)	7 (77.8%)	3 (7.7%)
Post menopausal women	29 (59.2%)	6 (66.7%)	28 (71.8%)
Dosage	<0.5mg/kg/d : 18 (36.7%) 0.5 to 1 mg/kg/d : 31 (63.3%)	10 mg : 1 (11.1%) 30 mg : 8 (88.9%)	<0.3 mg/kg/d : 9 (23.1%) 0.3 to 0.8 mg/kg/d : 29 (74.4%) > 0.8mg/kg/d : 1 (2.6%)
Prescription in HS			
Hurley 1	35 (71.4%)	5 (55.6%)	26 (66.7%)
Hurley 2	37 (75.5%)	8 (88.9%)	35 (89.7%)
Hurley 3	5 (10.2%)	3 (33.3%)	8 (20.5%)
Length of prescription			
3.to 6 months	20 (40.8%)	4 (44.4%)	7 (17.9%)
>6 months	29 (59.2%)	5 (55.6%)	32 (82%)