

Anne-Cécile EZANNO <sup>1</sup>, Philippe GUILLEM <sup>2</sup> Pierre-Louis CONAN <sup>3</sup>, Pierre-André BECHEREL <sup>4</sup>, Juliette DELAUNAY <sup>5</sup>, Manuela PEREZ <sup>6</sup>, Anne-Claire FOUGEROUSSE <sup>7</sup> for the GEM ResoVerneuil  
 1. Surgery, Military Hospital Begin, St Mandé; 2. Surgery, Clinique du Val d'Ouest, Ecully; 3. Dermatology, Clinique d'Antony, Antony; 4. Infectiology, Military Hospital Begin, St Mandé; 5, Dermatology, CHRU Angers; 6. CHRU Nancy, Vandoeuvre-les-Nancy; 7. Dermatology, Military Hospital Begin, St Mandé

## INTRODUCTION

Hidradenitis suppurativa (HS) is a chronic inflammatory disease which presents as painful nodules that eventually develop into abscesses, draining sinuses, and scarring. These manifestations have physical and psychological impacts, which may impair patients' quality of life.

## MATERIALS AND METHODS

A French multicenter prospective study included all patients who underwent wide excision for HS in 2021. Its aim was to evaluate the recurrence of HS one year after surgery. The following data were collected at baseline: demographic, Hurley stage, IHS4 score, DLQI, VAS pain (scale from 0 to 10), localization of surgery. From the baseline data, we looked for factors associated with a significant impact of HS on quality of life (determined as a DLQI >10).

## RESULTATS

5 hospitals specialized in HS surgery included 100 patients (69% women). Patients characteristic's are summarised in table 1.

The sites to be operated were inguino-perineo-gluteal (49%), axillary (46%), both sites (2%) and other localizations (pilonidal disease or breast) in 3%.

In univariate analysis, there was a statistically significant correlation between DLQI and localization ( $p < 0.01$ ), history of wide excision ( $p = 0.035$ ), VAS pain ( $p < 0.001$ ), Hurley stage ( $p = 0.013$ ) and IHS4 score ( $p < 0.001$ ). Duration of HS and receiving a medical treatment for HS had no impact on DLQI.

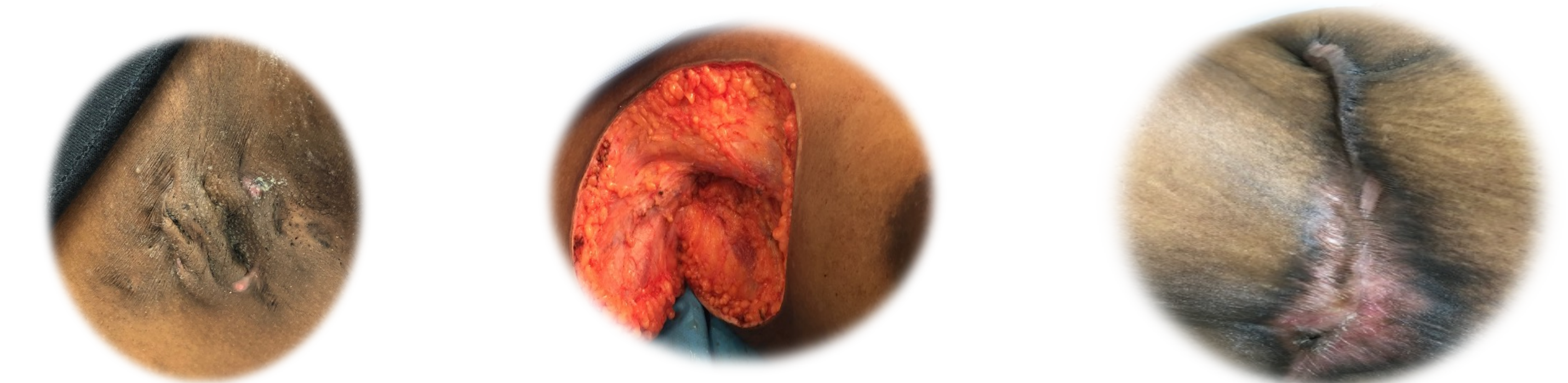
In multivariate analysis, there was a statistically significant difference between DLQI and location (all classes combined) ( $p = 0.015$ ) with DLQI of the axillary group on average inferior of 4.02 to the one of the group inguino-perineo-gluteal ( $p < 0.01$ ) (table 2).

Table 1: Patient's characteristics

		N,%	Mean (sd)
Age			32.2 (8.80)
Smoking (yes)		65 (65%)	
BMI (kg/m <sup>2</sup> )			26.7 (5.84)
Age of onset of HS			20.1 (6.65)
DLQI			15.1 (6.54)
DLQI 11-20		55 (55%)	
DLQI >20 (yes)		22 (22%)	
VAS pain			4.90 (3.07)
Score IHS4			12.8 (8.84)
Hurley stage	1	8 (8%)	
	2	49 (49%)	
	3	43 (43%)	
Medical treatment (yes)		71 (71%)	

Table 2 Univariate and multivariate analysis

		Coefficients	P univariate analysis	P multivariate analysis
Localizations (1= both, 2= axillary=2, 3=inguino-perineo-gluteal; 4=other)	2 vs 1	-4.02 [-6.91; -1.13]	<0.01	0.01
	3 vs 1	-0.786 [-3.55; 1.98]	0.57	-
	4 vs 1	-1.85 [-7.76; 4.06]	0.54	-
Time of evolution HS		0.0636 [0.0459; 0.173]	0.25	0.25
VAS pain		0.115 [0.0811; 0.148]	<0.001	<0.001
IHS4 Score		0.138 [0.00406; 0.273]	0.04	0.04
HURLEY stage	2 vs 1	-1.32 [-5.08; 2.43]	0.49	<b>0.05</b>
	3 vs 1	1.39 [-2.71; 5.49]	0.50	-
Medical treatment (1=yes)	1 vs 0	1.07 [-1.30; 3.45]	0.37	0.37



## CONCLUSION

In our study, factor influencing the quality of life in HS patients were the pain and a inguinal-perineal location Duration of HS and receiving a medical treatment did not impact the quality of life of patients. Impact of surgery on quality of life will be further evaluated in this study.