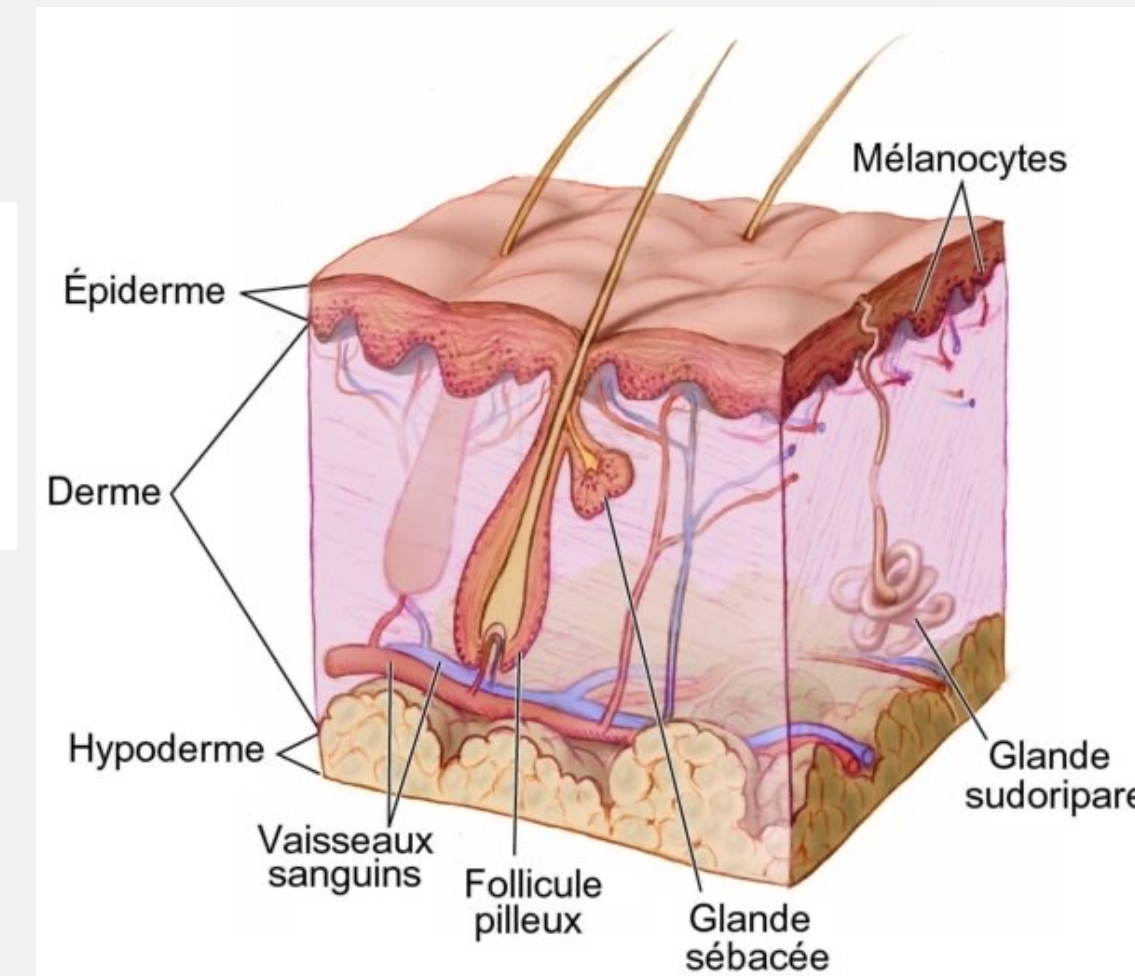


# SYSTEMIC CORTICOIDS AS A SALVAGE THERAPY IN SEVERE MULTI-RESISTANT HIDRADENITIS SUPPURATIVA (21 patients series)



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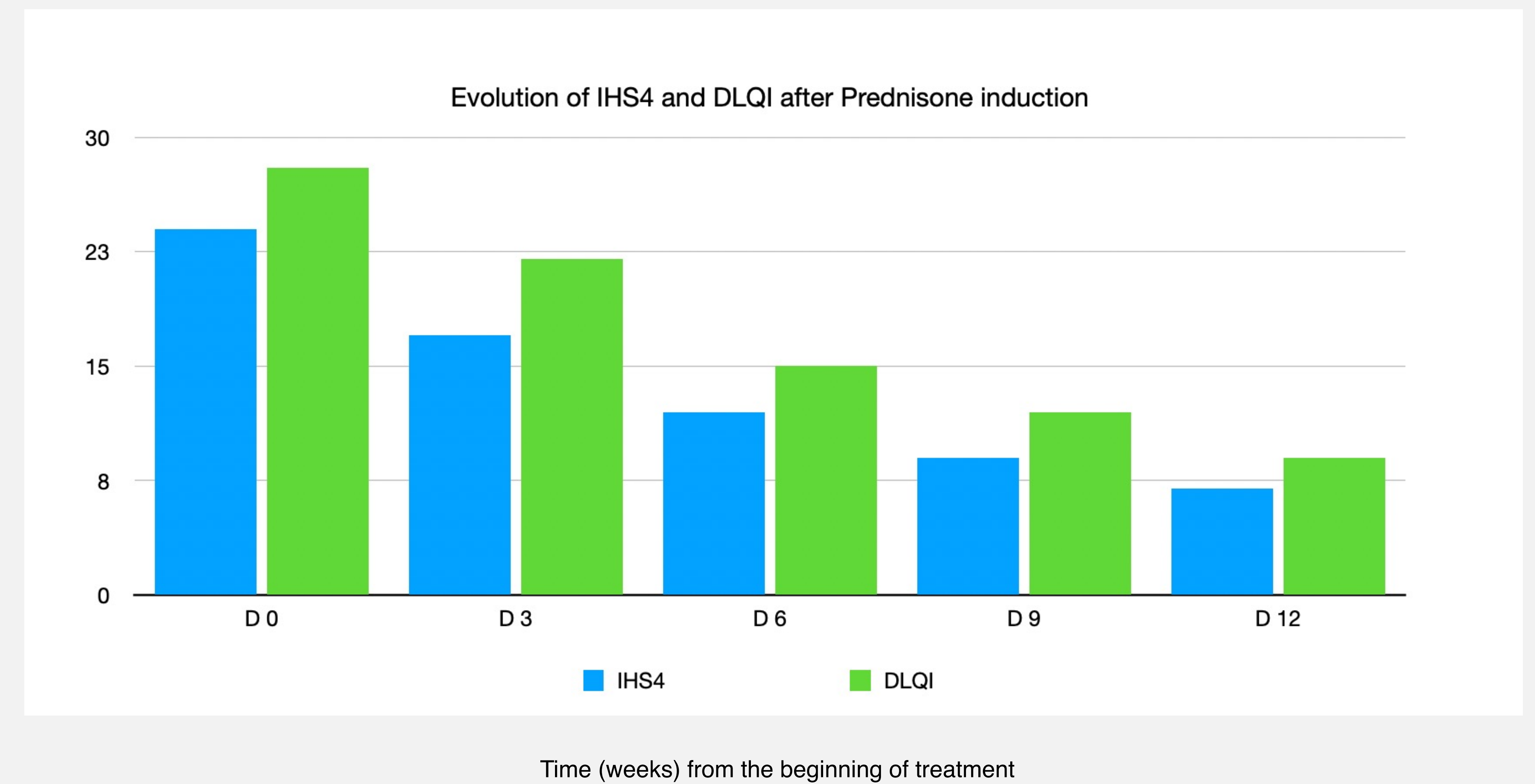


## INTRODUCTION



- in case of severe flares of HS, in patients already multi-treated especially under biological treatments, therapeutic means are lacking to relieve them quickly.
- Especially when the lesions are extensive and not easily accessible to surgery.
- We present here a series of 21 patients with severe flare-ups under infliximab and after many other failures
- in which a short systemic corticosteroid therapy allowed a fast recovery.

## RESULTS



## METHODS/PROCEDURE

### PATIENTS

- 21 consecutive patients were included in this open study
- 15 men, 6 women. Mean age: 35 (28-42). 8 patients Hurley II, 13 Hurley III
- All had an inflammatory phenotype, none with a follicular one. They had extensive lesions, more than 4 sites involved for each patient, and surgery was not a reasonable option.
- All of them were under infliximab 10 mg/kg (mean 7 months, 4-9) at time of inclusion, once a month, after both antibiotics (doxycycline, rifampicin, clindamycin, quinolones,...) and then adalimumab or secukinumab failures; 10 had already received ertapenem,



### EVOLUTION

- 5 had anti-drug antibodies (anti-adalimumab or anti-infliximab).
- Induction was initiated at 60 mg prednisone po for 1 week, and then the dose was tapered: 10 mg every 3 days.
- The duration of prednisone therapy was 25 days in all cases (5 mg for the last 3 days).
- No side effects: no infection, no diabetes, no acute psychiatric complications.
- The relief was observed in 24 to 72 h in all cases: pain improvement, recovery of sleep, less draining, disappearance of the inflammatory signs and swelling.

### EVOLUTION AND DLQI

- Infliximab was continued with the same intervals.
- In 14 patients, the efficacy of IFX was at least partially restored.
- DLQI was also very quickly recovered, in parallel with clinical improvement
- At the end of the 35 days of treatment, the first relapse was observed at day 33 after corticoid withdrawal

## CONCLUSION

- HS is not an infectious disease, and whereas the use of NSAIDs is controversial, the use of corticoids is classical in resistant cases in local injections
- the efficacy of which could be due partly to a systemic diffusion.
- In severe recalcitrant cases, when all known treatments have been used (antibiotics including ertapenem, biologics: anti-TNF or anti-IL-17), systemic corticoids appear to be efficient and safe as an emergency therapy, and able to restore -partly sometimes and for how long? - the effectiveness of IFX.
- The risk of worsening an infectious process with corticoids does not seem to be a concern in HS, inflammation being the main pathophysiological phenomenon involved.
- The long experience with local corticoid injections confirms the safety.

**Acknowledgements:**  
To the infectious and <Internal Medicine Department fir their help in the design of the study

**References:**  
(1) Erlendsson AM, Lönn Dahl L, Killasli H. Intermittent low-dose corticosteroid therapy for hidradenitis suppurativa: A case series. JAAD Case Rep. 2021 May 27;13:105-108.  
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### Design of the corticoid treatment

Multi-resistance → Prednisone 60 mg/day 1 week

→ dose tapered 10 mg every 3 days → 35 days of treatment

→ At the end: 5 mg for the last 3 days

Age	HURLEY II	HURLEY III	Sex	Phenotype: Inflammatory	Phenotype: follicular	IHS4 at inclusion
35 (28-42)	8	13	♂ / ♀ : 15/6	21 patients	0	18 (16-24)

Sites involved	Infliximab	Duration of infliximab	Mean BMI	Smoking
> 4 for all patients	10 mg/kg for all patients	7 months (4-9)	28,2	12,6 packets/year

- Therapeutic regimen
- Duration: 35 days for all patients
- Slow tapering

- Main characteristics of the patients
- None had contra-indications for the prescription of systemic corticoids