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Recurrence rates following excision of hidradenitis suppurativa:

Prospective analysis of 74 patients

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Introduction

- ❖ **Post-Surgical Recurrence:** Recurrence after curative surgery for Hidradenitis Suppurativa (HS) varies based on the surgical approach.
- ❖ **Diverse Surgical Approaches:** The choice between deroofing, limited, or extended excision can impact the recurrence rate.
- ❖ **Significant Studies:** Several studies highlight a post-surgery recurrence rate of up to 34%.
 - Mehdizadeh et al. (JAAD 2015) → 27%
 - Tang et al. en (Int World J, 2023) → 16.2%
 - Ovardja et al. (Dermatol surg, 2020) → 11%
 - Riddle et al. (Dermatol Surg 2021) → 34%
 - Bouazzi et al. (Dermatol Surg 2020) → 20,1%

Materials & Methods

- ❖ **Objective:**
 - Prospectively assess local recurrence rate at 6 and 12 months
- ❖ **Secondary objective:**
 - Identify factors predictive of recurrence
 - Identify factors associated with post-operative complications
- ❖ **Data collected:** Demographic, disease data; Time to wound healing
- ❖ **Of which analyzed in this study:**
 - Recurrence at 6 months and one year
 - DLQI data collected pre-operatively, at 1, 6 and 12 months after surgery

Local recurrence = recurrence within the scar, in the 1 cm zone around the scar or in the form of a fistula communicating with the scar, regardless of the length of the fistula pathway

Results

	n (%)	Mean ± standard deviation
Age (years)		32.3 ±9.13
Female gender	54 (71)	
BMI kg/m ²		26.6 ±6
Smoking	50 (66)	
Localization wide excision	Inguino-genital	38 (50)
	Axillary	30 (39.5)
	Mixed*	5 (6.6)
	Other**	3 (3.9)
Hurley stage	I	6 (7.9)
	II	37 (48.7)
	III	33 (43.4)
ISH4 at inclusion		11.8 ±8
DLQI at inclusion		14.3 ±6.86
Treatment	Aucun	21 (27.6)
	Antibiothérapie ponctuelle	5 (6.6)
	Antibiothérapie au long cours	45 (59.2)
	Biothérapie	5 (6.6)
Wound size cm ³		41.3 ±75.2
Time to completed healing (days)		86 ± 80

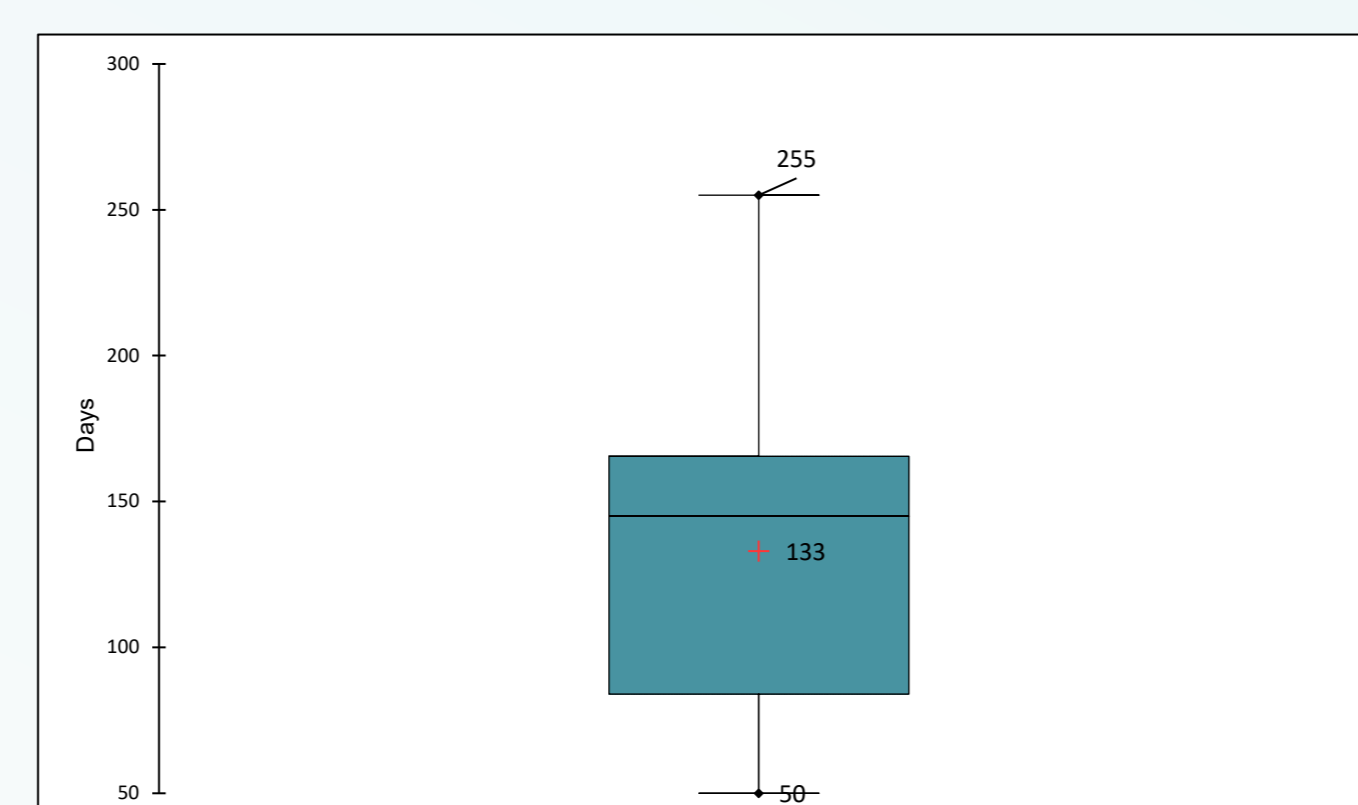
- ❖ 100 patients (69% female) ...76 only with data at 1, 6 and 12 months

- ❖ **Characteristics:**
 - Mean preoperative DLQI 14.3± 6.8
 - Mean preoperative VAS 4.2± 3
 - Mean excision size 41.3±75.2 cm³
 - Mean healing time 86±80 days

❖ Recurrence Statistics:

- 15 patients with postoperative recurrence (20%)
- Timeline of Recurrence, 2 periods
 - ✓ 0-6 months post-operatively: 18.4% recurrence (n=14)
 - ✓ 6-12 months post-operatively: 7.7% recurrence (n=4)
 - ✓ Overlap in Recurrence: Of those with recurrence between 6-12 months, 3 had a recurrence in the first 6 months.

- ❖ Time to onset of recurrence: recurrence ++ within the first 6 months



❖ Effect of Medical Treatment:

Significant difference in recurrence between 0-6 months for patients not receiving medical treatment for HS (p=0.036)

❖ DLQI Influence:

At 6 months and 1 year, a DLQI > 15 at enrollment significantly influenced recurrence (p=0.014 and p=0.011, respectively).

	No Recurrence (n=61) (80%)	Local Recurrence (n=15) (20%)	p-value
Age, years	32.1 (±9.6)	33 (±7)	0.34
Gender	Women	12 (80%)	0.53
	Men	19 (31%)	2 (20%)
BMI, kg/m ²	26.8 (±6.3)	25.7 (±4.5)	0.88
Smoker	non	3 (20%)	1
	oui	38 (62%)	12 (80%)
DLQI before surgery	13.3 (±6.7)	18.3 (±6)	0.011
VAS before surgery	4 (±3)	5.5 (±3)	0.08
ISH4	12 (±7.9)	11 (±8.5)	0.46
Treatment at D0	no	5 (33%)	0.57
	yes	47 (75%)	10 (67%)
DLQI M1	11.8 (±5.5)	17.1 (±5.7)	<0.001
Treatment at M6	No	8 (53%)	0.77
	yes	31 (51%)	7 (47%)
DLQI M6	4.4 (±4.9)	9.3 (±7.6)	0.028
Treatment M12	no	13 (87%)	0.05
	yes	24 (39%)	2 (13%)
DLQI M12	4.2 (±4.8)	7.2 (±6.2)	0.15

Discussion

❖ Key Study Findings

- Recurrence Rate: Similar to literature reports. & Higher risk within the first 6 months post-surgery.
- Medical Management Value: Emphasizes the importance of medical management. & Limits HS recurrence at the 6-month mark.

❖ Treatment Insights: Biologics vs. Antibiotherapy:

- Limited data on biologics effectiveness
- Unable to confirm if biotherapy reduces recurrence compared to long-term antibiotics

❖ Quality of Life Impact

- Patients with severely impaired quality of life pre-surgery.
- Higher risk of HS recurrence identified.

❖ Clinical Implications:

- Highlight the need for ongoing medical management.
- Consideration of biotherapy effectiveness, though inconclusive in this study.
- Patient-Specific Factors: Emphasize the importance of assessing and addressing pre-surgery quality of life.

Conclusion

- Our study confirms
- Optimized Medical Management: is necessary
 - Key role in limiting recurrence risk at 6 months
 - Reasons for recurrence after excision of a HS lesion remain to be investigated