HIDRADENITIS SUPPURATIVA
AND
VIRAL EXANTHEMS

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DISCLOSURES

NO RELEVANT DISCLOSURES
WILL DISCUSS OFF-LABEL THERAPIES
OVERVIEW

Clinical Presentation, Diagnosis

Why does HS happen?

Therapeutic Approach
• 42yo woman with recurrent “boils” seen in f/u from ED visit

• Multiple I&D procedures and oral antibiotic courses x 20 years

• Painful papules and nodules, drainage, and scars b/l axillae

• Overweight, HTN

• FH positive for similar sx’s in father

HS FOUNDATION CONSENSUS DEFINITION

“HS is a chronic, inflammatory, recurrent, debilitating, skin follicular disease that usually presents after puberty with painful deep-seated, inflamed lesions in the apocrine gland-bearing areas of the body, most commonly, the axillary, inguinal, and anogenital regions.”

- >5 typical lesions
- Flexural sites
- Recurrent
WHO GETS HS?
- ~0.1% prevalence in US
- Young adults
- Women > men
- Black and biracial > white

HS SIGNIFICANTLY IMPACTS LIFE
- Pain, drainage, odor
- Mental health
- Social impairment
- Sexual impairment
- Work impairment
COMORBIDITIES AND RISK

- Metabolic syndrome pathway
  - HTN, obesity*, DM, dyslipidemia,
- Cardiovascular disease
- PCOS
- Thyroid disorder
- Arthropathies
- Psychiatric disorders
- Tobacco
COMORBIDITIES AND RISK

- Psoriasis
- Acne conglobate, dissecting cellulitis
- Pilonidal cyst
- SCC
- IBD (esp. Crohn)
- Obstructive sleep apnea

OVERVIEW

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OVERVIEW

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Why does HS happen?

Therapeutic Approach

TREATMENT OF A COMPLEX DISEASE IN A BUSY CLINIC

- Lifestyle modifications
- Comorbidity screening/treatment/referral
- Medical
- Procedural
10yo woman with recurrent “boils” seen in f/u from ED visit

- Multiple I&D procedures and oral antibiotic courses x 20 years
- Painful papules and nodules, drainage, and scars b/l axillae
- Overweight, HTN
- FH positive for similar sx’s in father
LIFESTYLE AND COMORBIDITY MODIFICATION

- Weight loss
- Smoking cessation
- Dairy avoidance
- Brewer’s yeast avoidance
- Avoid tight clothing/mechanical irritation
- Avoid shaving/depilation

MEDICAL - ANTIBIOTICS

Topical clindamycin
- Mild, localized

Oral doxycycline/minocycline
- Mild to moderate, widespread

Combination oral antibiotics
- Moderate to severe HS or second-line tx for mild disease
- Rifampin + clindamycin
- Rifampin + moxifloxacin + metronidazole

IV ertapenem

Antimicrobial washes: BPO, chlorhexidine, zinc pyrithione washes
Antibacterial wash +/- sodium fusidate ointment
MEDICAL – ANTI-INFLAMMATORY

- Prednisone
- Intralesional
- Cyclosporine
- Methotrexate
- Dapsone (oral > topical)
- Dimethyl fumarate
- Hydroxychloroquine
- IVIG
• Anti-TNF
  • Adalimumab
  • Infliximab

• Etanercept
• Golimumab
### MEDICAL - BIOLOGIC

- **Anti-IL-17**
  - Secukinumab
  - Ixekizumab
  - CJM122, Bimekizumab – trials pending
- **Anti-IL-12 and/or 23**
  - Ustekinumab
  - Guselkumab – trial pending
- **Anti-IL-1**
  - Anakinra
  - Canakinumab
  - MABp1/bermekimab – trial pending

### MEDICAL - BIOLOGIC

- **PDE4 inhibitor**
  - Apremilast
- **JAK inhibitor**
  - Tofacitinib
  - Baricitinib
  - INCB054707 – trials pending
- **Anti-C5a**
  - IFX-1 – trials pending
MEDICAL – METABOLIC/HORMONAL

- Metformin
- Glucagon-like peptide-1 agonists (liraglutide)
- Spironolactone
- OCP
- Finasteride, dutasteride
- Leuprolide, flutamide

PROCEDURAL

- Deroofing
- Wide excision
- Botulinum toxin
- Laser: Nd:YAG, IPL, CO2
  - NdYAG appears to be beneficial at 1 mo, but efficacy may decrease over time
- PDT
DEROOFING - CAUTERY

STRATEGIES FOR MANAGING THE CLINIC VISIT

- Templates in EMR
- Checklists (Flood, et al. 2020)
- Patient education handouts (Flood, et al. 2020)

Team:
- Nursing
- General/Plastic Surgery
- Endocrinology
- Pain Management Specialist
- OB/Gyn
- Social Work
RECOMMENDED RESOURCES


- HS Foundation: www.hs-foundation.org

- Hope for HS (Pt support): www.hopeforhs.org

VIRAL EXANTHEMS
WHAT IS AN EXANTHEM?

- Localized or generalized skin eruptions secondary to infectious illness
- Most are viral; can also be bacterial
- Sometimes first clue of infectious etiology
  - Catch early
  - Prevent spread
- Clues: morphology, distribution, associated symptoms, enanthem
  - Many may be non-specific

VARICELLA

- Varicella-zoster virus (VZV)
- Respiratory spread, highly contagious during prodrome
  - Fever, chills, malaise, headache, arthralgia, myalgia
- Red macule – papule – vesicle – crust; varying stages
- Enanthem: erosions in oropharynx, conjunctiva or vagina
- Complications: secondary infection, pneumonia, CNS involvement
- Tx - Symptomatic for healthy children
  - Antivirals (acyclovir, valacyclovir, famciclovir) for immunocompromised, older children/adults or systemically ill
  - VZV immune globulin for high risk exposures
RUBEOLA (MEASLES)

- Fever + 3 C’s: cough, coryza (nasal congestion), conjunctivitis
- Enanthem - Koplik spots: punctuate, gray-white to pink papules on buccal mucosa
- Exanthem - pink to purple/red macules and papules
  - Starts on the face/head and spreads down
- Pneumonia, otitis, gastroenteritis, myocarditis, encephalitis
- Tx: supportive
  - Ribavirin used in severely ill pts
  - Vitamin A in some areas with low vit A rates and fatality rates >1%

SCARLET FEVER

- Bacteria exanthem from GABHS
- Usually due to pharyngitis (can also be cutaneous strep infection)
- Fever, throat pain, headache, chills, cervical lymphadenopathy
- Exanthem – fine, pink/red macules and papules; “sandpapery;” accentuated in flexures with petechiae (Pastia’s lines); circumoral pallor; desquamation
- Pneumonia, pericarditis, meningitis, hepatitis, glomerulonephritis, rheumatic fever
- Tx: spontaneous, but antibiotic can prevent rheumatic fever sequelae
RUBELLA

- Uncommon today in the US
- Main risk is to the fetus of an infection mother: miscarriage, stillbirth, congenital rubella syndrome
- 50% of cases are asymptomatic
- Flu-like prodrome, generalized lymphadenopathy
- Exanthem - pink to red macules and papules, tend to confluence; spreads head to trunk
- Enanthem - Forschheimer spots: red and petechial macules on soft palate

ERYTHEMA INFECTIOSUM

- Parvovirus B19; common (60% of US adults are seropositive)
- Respiratory transmission
- Prodrome: HA, fever, chills
- IgG happens in 3rd week of illness:
  - Arthralgias
  - Exanthem: “slapped cheeks,” lacy, reticular erythema on extremities and trunk
- Complications: transient aplastic crisis, fetal infection (hydrops or fetal demise)
ROSEOLA

- HHV6 or HHV7
- High fever x 3-5 days
- Exanthem: occurs as fever breaks; starts on trunk and spreads out
  - Non-specific pink, blanchable macules and papules
- Periorbital edema
- Enanthem – Nagayama spots: pink papules on the soft palate and uvula

PAPULAR ACRODERMATITIS OF CHILDHOOD

- Aka Gianotti-Crosti syndrome
- Hepatitis B, EBV, CMV, Coxsackie viruses, respiratory viruses, rotavirus, immunizations
- Fever, URI symptoms, lymphadenopathy
- Exanthem: pink edematous, monomorphous papules symmetrically on cheeks, buttocks, extremities
  - Can be vesicular; may coalesce to plaques; may become hemorrhagic
  - Asymptomatic or mildly pruritic
  - Self-resolving
HAND-FOOT-AND-MOUTH DISEASE

- Coxsackie viruses, A16 most common
- Flu-like prodrome
- Gray-white vesicles on palms, soles; less common dorsal hands/feet
- Vesicles and erosions of buccal surfaces, palate, tongue, uvula

ATYPICAL COXSACKIE ERUPTIONS

- Coxsackie A6 most often
- More widespread; cheeks, buttocks
- Crusted papules; targetoid papules, unusual sites such as ear
- Eczema coxsackie
- Molluscum-type
- Little or now hand, foot or mouth involvement
- Both types can cause onychomadesis 2-3 mos later
QUESTIONS?

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