

Balancing Available Evidence and Practicality in our Approach to HS Surgery

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Evidenced Based Update Meeting
May 2025



Disclosures

Abbvie: Sub-investigator, advising, speaking

UCB: Investigator, advising

InflaRx: Investigator, advising

Novartis: Speaker, sub-investigator

Chemocentryx: Investigator

Incyte: Investigator

Alumis, Sanofi, Sandoz: Advising

Astrazeneca: Consulting, Investigator

Hurley Staging Predicts Surgical Need

Hurley 1: recurrent nodules and abscesses, no scar/tunnels

Hurley 2: 1-2 widely separated tunnels, limited scar, mostly normal Hurley 3: interconnected tunnels and/or extensive scar

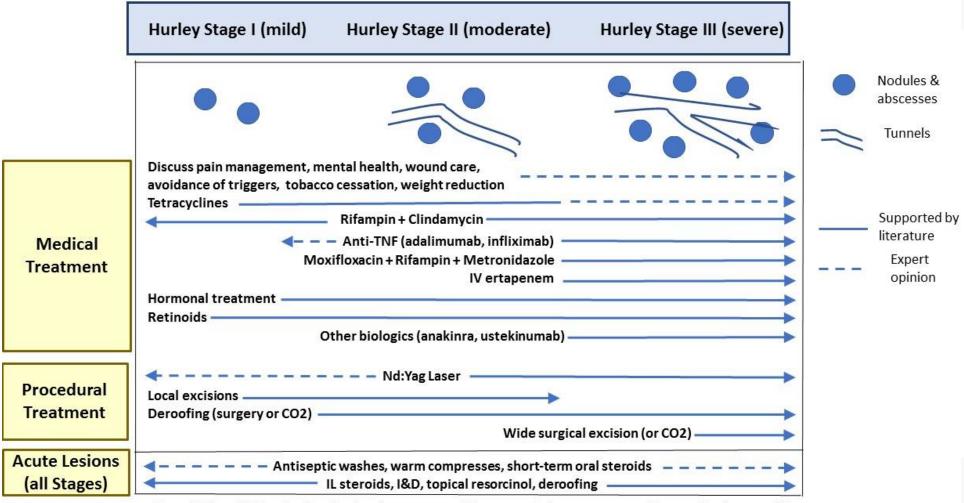








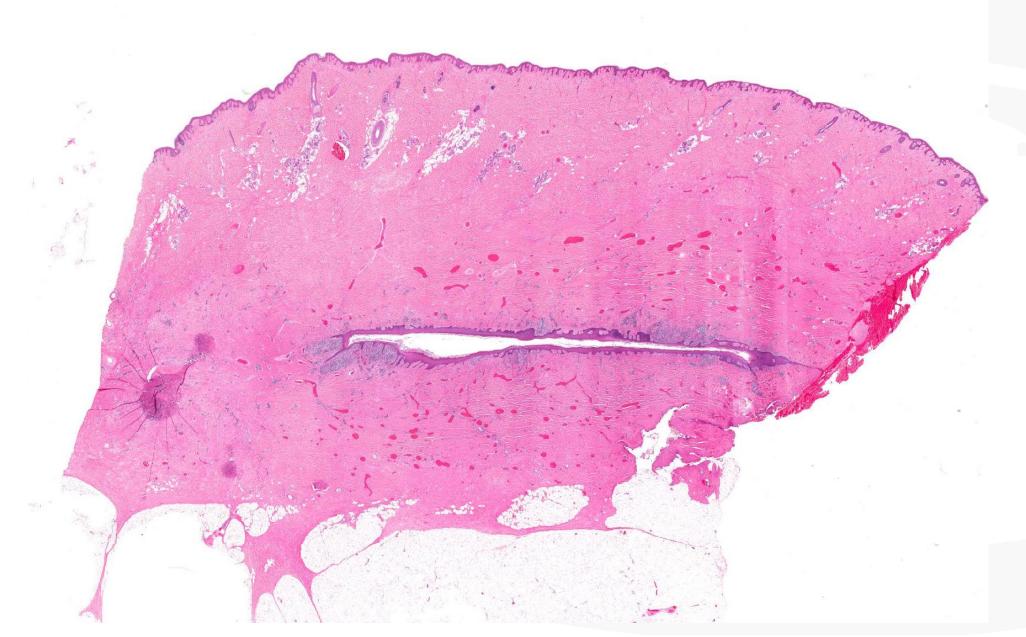
North American clinical management guidelines for hidradenitis suppurativa: A publication from the United States and Canadian Hidradenitis Suppurativa Foundations



See additional Tables for details of each treatment. Other potential treatments are discussed in the text. HS management should be individualized for each patient and affected area; medical and physical therapies may be combined for optimal treatment; if lack of response, select treatment for more advanced disease.











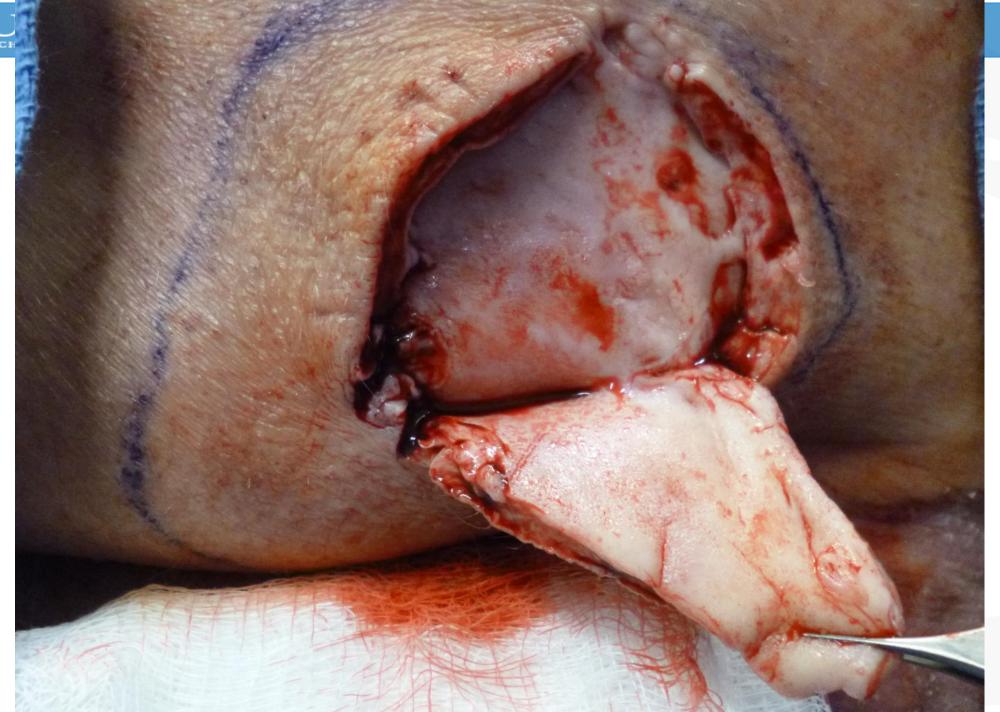














Current **Surgical** Management of **Hidradenitis** Suppurativa: A Systematic Review and Meta-Analysis.

Riddle A, Westerkam L, Feltner C, Sayed C.

Dermatol Surg. 2021 Mar 1;47(3):349-354. doi: 10.1097/DSS.000000000002892.

Recurrence rates:

- Wide excision with 8% recurrence rate
- Local excision 34% recurrence rate
- Flap repair 0% recurrence rate

Recurrence as an outcome is poorly defined and lack of procedure randomization leads to enormous bias

New assessments of surgical outcomes are needed

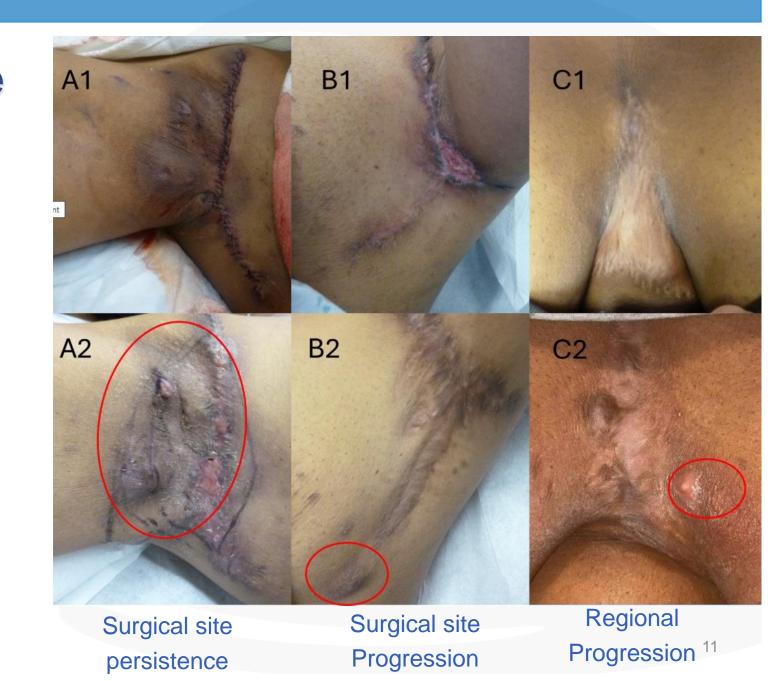
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Developing Outcome Measures Beyond "Recurrence"

Persistence vs progression:

- Regional vs surgical site
- Surface area affected
- Another procedure required?
- Type of lesion
- Time from surgery to lesion arising
- Self-resolving or persisting





Hidradenitis Suppurativa **Surgery** Complication Rates Among Patients With Obesity or Diabetes or Who Smoke: A Review.

Shams RB, Sayed CJ.

JAMA Dermatol. 2025 Mar 1;161(3):315-319. doi: 10.1001/jamadermatol.2024.5731.

Table 2. Increased Complication Rates Among Patients With Obesity or Diabetes or Who Smoke and Associated Frequencies, Odds Ratios (ORs), and Significance Levels Across 12 Studies

Source	Increased complication rate reported by comorbidity				Complication frequency, %			
	Obesity	Diabetes	Smoking	Type of increased complication reported	In patients with comorbidity	In patients without comorbidity	OR (95% CI)	P value
Panayi et al, ⁶ 2023	Yes	NA	No	Wound dehiscence	3.1	1.0	NA	.03
				Readmission	7.8	5.2	NA	.04
Drogt et al,83 2022	No	NA	No	NA	NA	NA	NA	NA
Ravi et al,41 2022	No	No	No	NA	NA	NA	NA	NA
Worden et al, ²¹ 2020	No	No	No	NA	NA	NA	NA	NA
Ngaage et al, ²² 2020	No	NA	No	NA	NA	NA	NA	NA
Prens et al, 65 2019	No	NA	No	NA	NA	NA	NA	NA
Grimstad et al, 17 2019	Yes	NA	No	Delayed wound healing	NA	NA	NA	.04
Ruan et al, ⁶³ 2018	No	Yes	No	Diabetes, readmission (debridement arm)	NA	NA	2.19 (1.28-3.75)	.004
				Diabetes, readmission (flap reconstruction arm)	NA	NA	4.62 (1.13-18.89)	.03
Wormald et al, 75 2014	NA	NA	No	NA	NA	NA	NA	NA
Golcman,74 1991 et al	NA	No	NA	NA	NA	NA	NA	NA
Shavit et al, ²⁹ 2020	Yes	NA	NA	Wound dehiscence	NA	NA	NA	.01
Malvaso et al, 14 2024	No	No	No	NA	NA	NA	NA	NA
Studies, No./Total No.	3/10	1/5	0/10	NA	NA	NA	NA	NA



JAMA Surgery | Original Investigation

Efficacy and Safety of Adalimumab in Conjunction With Surgery in Moderate to Severe Hidradenitis Suppurativa The SHARPS Randomized Clinical Trial

Falk G. Bechara, MD; Maurizio Podda, MD; Errol P. Prens, MD, PhD; Barbara Horváth, MD, PhD; Evangelos J. Giamarellos-Bourboulis, MD, PhD; Afsaneh Alavi, MSc, MD; Jacek C. Szepietowski, MD, PhD; Joslyn Kirby, MD, MS, MEd; Ziqian Geng, PhD; Christine Jean, PhD; Gregor B. E. Jemec, MD, DMSc; Christos C. Zouboulis, MD, PhD

- Adalimumab group had improved outcomes without higher surgical complication risk than surgery alone
- 70% were tobacco users
- Average BMI 32

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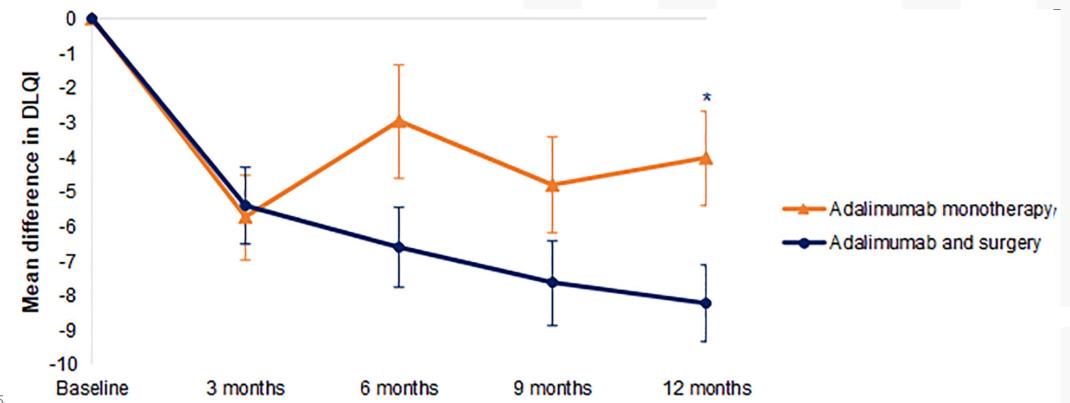
Surgery as Part of the Plan (not the last resort!)

Adalimumab in conjunction with **surgery** compared with adalimumab monotherapy for **hidradenitis** suppurativa: A Randomized Controlled Trial in a real-world setting.

Aarts P, van Huijstee JC, van der Zee HH, van Doorn MBA, van Straalen KR, Prens EP.

Follow up time

J Am Acad Dermatol. 2023 Oct;89(4):677-684. doi: 10.1016/j.jaad.2023.04.034. Epub 2023 Apr 27.





Practical Approaches To Surgery

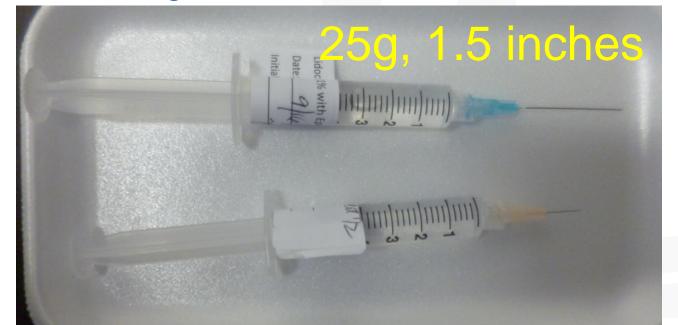
- General vs local anesthesia?
 - Do they want to be put under?
 - Can they handle the local anesthesia?
 - 10mg of diazepam can help a lot prior to local anesthesia
- Staging procedures can expand what we can treat
 - Smaller steps for patients nervous about surgery, wound management, and recovery
 - Allows for suturing of wounds at each stage if desired

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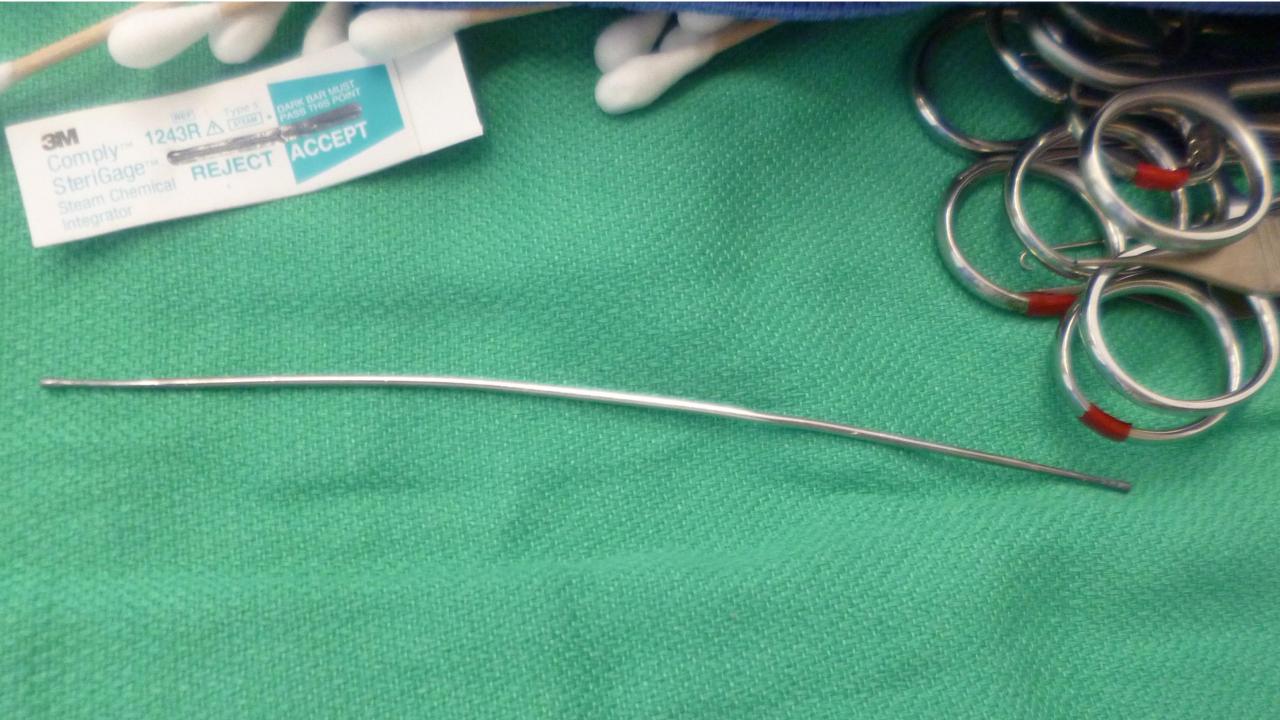


Local Anesthesia for Large Cases

- 5-10ml syringes, up to 100ml for large cases
- Buffer and dilute to 0.5% to avoid limits for lidocaine
- Long needles are essential speeds anesthesia, reaches below scar and sinuses, prevents hand fatigue















































































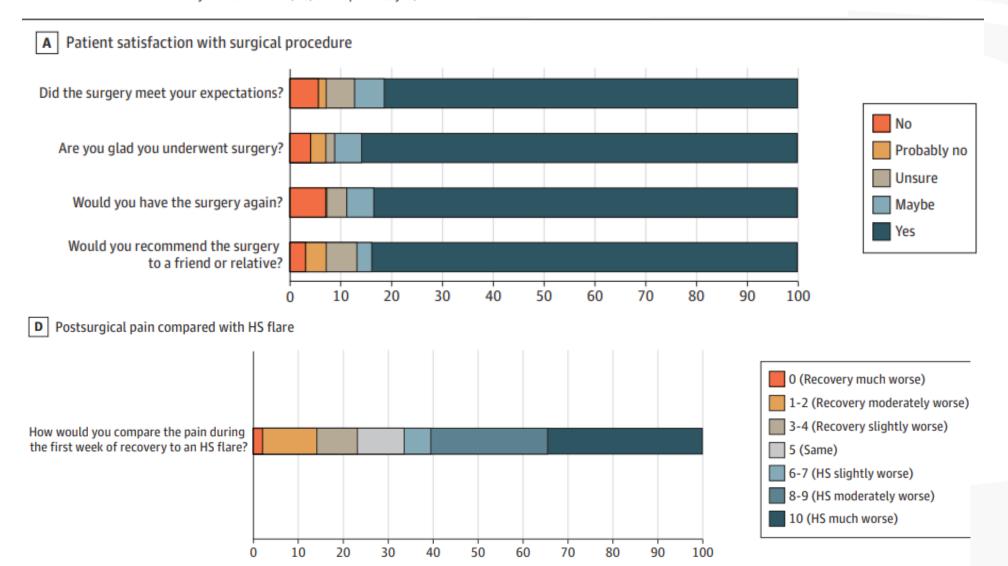






Patient Impressions and Outcomes After Clinic-Based Hidradenitis Suppurativa Surgery

Saranya Ravi, PhD; Jonathan A. Miles, MD, MPH; Chelsea Steele, MD, MPH; Mary Kate Christiansen, BS; Christopher J. Sayed, MD





















































LIVING WITH HS V



Hidradenitis Suppurativa: Embracing Progress

HS Foundation partners with the American Academy of Dermatology to publish "Hidradenitis Suppurativa: Embracing Progress" in the December issue of the JAAD.

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