

# HIDRADENITIS SUPPURATIVA V2.0

## Comments from the Expert Advisory Group

### History

- Recurrent abscesses and boils with sinus formation in flexural apocrine sweat gland bearing skin e.g. axillae, groin, perineum, inframammary areas, inguinal region and the suprapubic region
- May present as recurring 'ingrowing hairs', abscesses or occasionally pilonidal sinuses

### Exam

- Open double-headed comedones
- Painful firm papules and nodules
- Pustules, fluctuant pseudocysts and abscesses
- Draining sinuses linking inflammatory lesions
- Hypertrophic and atrophic scars

The Hurley system, the most widely used assessment tool, describes three clinical stages:

- Stage I: solitary or multiple isolated abscess formation and double comedones without sinus tracts or scarring.



- Stage II: Recurrent abscesses, single or multiple widely spaced lesions, with sinus tract formation.



- Stage III: Diffuse involvement of an area with multiple interconnected sinus tracts, abscesses and significant scarring.



All images sourced: [DermNet](https://www.dermnet.org)

Record Hurley stage at area worst affected.

Early referral to dermatologist is key to access systemic therapy for stage II cases not responding to first line therapy and stage III cases.

HSE Antimicrobial Resistance and Infection Control Programme  
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## Treatment

### General measures for management of hidradenitis suppurativa include:

- Topical antiseptics may help reduce the spread of bacteria on the skin, e.g. octenidine, 4% chlorhexidine.
- In people living with obesity, weight reduction reduces symptoms
- Smoking cessation
- Loose fitting clothing
- Absorbent dressings if discharging nodules present
- Analgesics
- Management of anxiety and depression

### Hurley stage 1 or mild Hurley stage II disease

| HIDRADENITIS SUPPURATIVA<br>Hurley Stage I or Mild Hurley Stage II Disease<br>Topical Treatment |   |                                |   |
|---|---|--------------------------------|---|
| Drug  | Dose  | Duration                       | Notes   |
| <b>1st choice options for Adults and Children</b>   |   |                                |   |
| Clindamycin (Dalacin T <sup>®</sup> ) lotion 10 mg/ml   | Apply thinly to affected areas every 12 hours | Assess response after 12 weeks | Apply after thorough cleansing. Counsel patient that this product may cause stinging. |

Refer to oral treatment table below where there has been failure of topical treatment alone.

| HIDRADENITIS SUPPURATIVA<br>Oral treatment indicated for papules or nodules   |                       |  |   |
|---|-----------------------|--|---|
| Drug  | Dose                  | Duration   | Notes   |
| <b>1st choice options for adults</b>  |                       |  |   |
| Lymecycline   | 408 mg every 24 hours | Assess response after 12 weeks. Consider treatment break to assess need for ongoing therapy and to limit risk of antimicrobial resistance. | <p>Risk of photosensitivity.</p> <p>Lymecycline 408 mg equivalent to 300 mg of tetracycline base.</p> <p>Contraindicated in pregnancy, breastfeeding and in children &lt;8 years old.</p> <p>Advise to take with a glass of water and sit upright for 30 minutes after taking.</p> <p>Absorption of lymecycline significantly impaired by antacids, iron/ calcium/ magnesium/ zinc-containing products and should be separated by at least 2 hours.</p> |
| <p>Please Note: <b>Minocycline</b> may be initiated in secondary care and if transcribing the prescription advise patient of and monitor for abnormal LFT's, irreversible cutaneous pigmentation and reversible drug induced lupus. Minocycline can cause a blue-grey discolouration of inflamed skin.</p> <p>Seek specialist advice where oral antibiotic treatment of hidradenitis suppurativa associated papules and nodules is being considered for pregnant women.</p> |                       |  |   |

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### Hurley Stage III: Severe Inflammatory flares

Rifampicin 300 mg every 12 hours plus clindamycin 300 mg every 12 hours may be initiated in secondary care by a Consultant Dermatologist and if transcribing prescription please note that rifampicin is an enzyme inducer. Information on drug interactions is available in the product SmPCs (section 4.5) available at [www.HPRA.ie](http://www.HPRA.ie), the BNF Appendix 1 and Stockley's Drug Interactions. Please note that rifampicin should always be prescribed as part of combination therapy for treatment of hidradenitis suppurativa.

### Treatment of acute abscesses

| HIDRADENITIS SUPPURATIVA  |  |          |   |
|---|--|----------|---|
| Treatment of acute abscesses  |  |          |   |
| Drug  | Dose   | Duration | Notes   |
| <b>1st choice option for adults</b>   |  |          |   |
| Flucloxacillin  | 500 mg-1 g every 6 hours                               | 7 days   | Avoid in penicillin allergy.<br>To optimise absorption, take on an empty stomach (either 1 hour before food or 2 hours after food).   |
| <b>2nd choice option</b>  |  |          |   |
| Cefalexin   | 500 mg every 6 hours                                   | 7 days   | Cephalosporins should not be used in severe penicillin allergy.   |
| <b>In severe penicillin allergy</b>   |  |          |   |
| Clarithromycin  | 500 mg every 12 hours                                  | 7 days   | <a href="#">See Macrolide warning</a> and check <a href="#">drug interactions</a> before prescribing.<br>Macrolides should be used with caution in pregnancy. Clarithromycin suitable only in 2 <sup>nd</sup> and 3 <sup>rd</sup> trimester in pregnancy. |
| <b>Children: 1st Choice Option</b>  |  |          |   |
| Flucloxacillin  | See <a href="#">Flucloxacillin dosing for children</a> | 7 days   | Avoid in penicillin allergy.<br>To optimise absorption, take on an empty stomach (either 1 hour before food or 2 hours after food).   |
| <b>Children: 2<sup>nd</sup> Choice Option</b>   |  |          |   |
| Cefalexin   | See <a href="#">Cefalexin dosing for children</a>      | 7 days   | Cephalosporins should not be used in severe penicillin allergy.   |
| <b>Children: In severe penicillin allergy</b>   |  |          |   |
| Clarithromycin  | See <a href="#">Clarithromycin dosing for children</a> | 7 days   | <a href="#">See Macrolide warning</a> and check <a href="#">drug interactions</a> before prescribing.<br>Macrolides should be used with caution in pregnancy. Clarithromycin suitable only in 2 <sup>nd</sup> and 3 <sup>rd</sup> trimester in pregnancy. |
| <b>Please Note:</b> Seek specialist advice where oral antibiotics are being considered for treatment of HS associated abscess in pregnant women in their 1 <sup>st</sup> trimester with severe penicillin allergy |  |          |   |

## HIDRADENITIS SUPPURATIVA V2.0

Adalimumab (Humira) is licensed for the treatment of severe hidradenitis suppurativa initiated by a Consultant Dermatologist. The regimen is a higher loading dose and more frequent maintenance dose than in psoriasis.

### Patient Information

- Useful information on hidradenitis suppurativa including a patient booklet can be found on the Irish Skin Foundation website: <https://irishskin.ie/hidradenitis-suppurativa/>
- Hidradenitis suppurativa patient leaflet (British Association of Dermatologists website): <https://www.bad.org.uk/pils/hidradenitis-suppurativa/>