



EUROPEAN
ACADEMY OF
DERMATOLOGY &
VENEREOLOGY

Information Leaflet
for Patients

Hidradenitis suppurativa in pregnancy



The aim of this leaflet

This leaflet has been written to help you understand about Hidradenitis Suppurativa (HS) and its management in pregnancy. It tells you what the condition is, what causes it, and how it can be treated.

Hidradenitis suppurativa in pregnancy

What is hidradenitis suppurativa?

Hidradenitis suppurativa (HS) is a chronic inflammatory skin condition. It causes painful lumps (nodules/abscesses) in the body folds, such as the armpits, groin, buttocks, and under the breasts. These lumps can burst, develop into tracts which regularly drain pus (sinus tracts/fistulae), and can cause scarring. It affects approximately 1 in 100 people.

What can cause hidradenitis suppurativa?

The term *hidradenitis* refers to inflammation of the sweat glands, but it is now known that HS starts with an autoimmune, inflammatory process which results in follicular occlusion. Hidradenitis suppurativa is a complex disease with multiple triggers, including:

- **Genetics** – Genetic factors play a role as the condition can run in families for some patients. This is a complex area with ongoing research.
- **Obesity** - Obesity is a strong factor in the severity of HS. Metabolic syndrome, which includes obesity, high blood pressure, and raised blood glucose and cholesterol levels, is also more common. However, the condition does not always go away when patients lose weight. It is not fully understood why only a small percentage of overweight patients develop it.
- **Smoking** - Cigarette smoke is suspected to trigger the inflammatory process of HS. However, the condition does not always resolve when patients stop smoking.
- **Hormones** - Hidradenitis suppurativa can affect both genders, but in Europe the female-to-male ratio is 3:1 (varies between countries). Some women experience flares with their menstrual cycle or during pregnancy. This suggests that sex hormones may play a role. However, most patients with hidradenitis suppurativa have normal blood hormone levels.
- **Bacteria** - Normal bacteria on the

skin may worsen inflammation in hair follicles, once they are already blocked and damaged due to the condition. However, hidradenitis suppurativa is not an infection and is not contagious. It also is not due to poor hygiene.

- **Inflammatory conditions** - Some patients with hidradenitis suppurativa have other inflammatory conditions, such as inflammatory bowel disease.

How is hidradenitis suppurativa diagnosed?

Hidradenitis suppurativa is diagnosed from the patient's symptoms, clinical signs, and history of recurrent episodes of inflammatory nodules or abscesses at typical body sites. There is no blood test or scan that is required to confirm the diagnosis. Tests may be recommended to rule out associated conditions. This includes checking body mass index (BMI), blood pressure, and blood tests including glycated haemoglobin (HbA1c) and lipid profile.

For pregnant women, blood pressure should be checked at every prenatal visit, as the risk of high blood pressure and pre-eclampsia is increased in women with hidradenitis suppurativa. Checking HbA1c early in pregnancy is also recommended, as the risk of gestational diabetes is increased.

Can hidradenitis suppurativa be cured?

Hidradenitis suppurativa is a chronic, autoimmune condition and generally cannot be cured. It may fluctuate with periods of time when it is better

or worse, but this can be unpredictable. Sometimes the appearance of tender lumps can improve with treatment, however scarring may be permanent.

Does hidradenitis suppurativa affect fertility?

Most women with hidradenitis suppurativa have normal fertility, but some women with this disease may have difficulty becoming pregnant due to inflammation in the genital area or psychosocial obstacles due to the clinical appearance caused by the inflammation. Conditions that affect fertility, including polycystic ovary syndrome, are more common in women with hidradenitis suppurativa. Some studies have shown the risk of miscarriage in HS is similar to the general population, however the risk varies depending on severity and areas affected.

Does hidradenitis suppurativa worsen during pregnancy?

The course of the disease is difficult to predict. Data shows that for some women HS improves during pregnancy (about 25%), whereas for others it can remain unchanged or worsen. Symptoms can worsen in 20% of women during pregnancy, and in up to 60% of women after delivery. Therefore, close co-ordinated care with your dermatologist and obstetrician is important.

Can women with hidradenitis suppurativa have a vaginal delivery?

Women with HS can choose to deliver their baby vaginally as normal. Generally speaking, affected women should have the opportunity to attempt a normal vaginal birth which strongly depends on genital involvement and activity of the disease around the estimated delivery date.

About 3 in 100 women with hidradenitis suppurativa report that their condition made vaginal delivery more difficult. Extensive scarring could

make a vaginal delivery more difficult. A disease flare could cause additional discomfort during or after delivery.

Because hidradenitis suppurativa commonly affects the lower skin folds of the abdomen, healing following caesarean delivery may be slower. New nodules occur near the scar in 1 in 2 women with hidradenitis suppurativa following caesarean delivery.

How is hidradenitis suppurativa treated during pregnancy?

Hidradenitis suppurativa is treated differently during pregnancy, because some treatments are not recommended for the baby. It is important to speak with a specialist when planning pregnancy, as treatment may need to be changed. It is also important to continue appropriate treatment during pregnancy to avoid the condition worsening, as long as it is safe to do so. The treatment needed depends on the severity of the condition.

Effective Treatments during HS Flares for pregnant women:

- **Bathing** - A warm towel applied to the area, or a lukewarm bath, may reduce pain for a short period. If there is an infection your dermatologist may recommend taking 5- or 10-minute bleach baths.
- **Pain relief** - Pain relief medications should follow guidelines based on the stage of pregnancy.
- **Topical/Oral antibiotics** - A course of antibiotics may be needed for purulent flares. There are several that can be used safely during pregnancy and breastfeeding.
- **Topical corticosteroids** - Topical corticosteroid creams, alone or combined with an antibiotic, can be used for inflamed lesions. These are safe to use during pregnancy and lactation. The strength of the cream needs to suit the site

to which it is being applied, and this should be discussed with your doctor.

- **Steroid injections** - If the flare is localised, your dermatologist may inject steroid directly to the affected area after discussion.
- **Incision & drainage** - This is occasionally needed if there is an abscess, which is a tender lump filled with pus. The lump is lanced after numbing with or without local anaesthetic, and this can be done during pregnancy if needed.

Long-term treatment:

Topical treatments:

- **Antiseptic cleansers** - Antiseptic cleansers are often used to reduce the number of bacteria living on the skin. Chlorhexidine is safe to use on the skin during pregnancy and breastfeeding.
- **Topical antibiotics** - Antibiotics applied to the skin can help by reducing inflammation of hair follicles and reducing numbers of bacteria on the skin surface. They are less effective for deep lumps under the skin. Topical clindamycin, metronidazole and erythromycin can be used safely during pregnancy and breastfeeding. Topical metronidazole should not be applied to the nipple during breastfeeding due to the possible risk of diarrhea to the child.

Oral medicines:

- **Metformin** reduces blood glucose levels by reducing the amount of glucose released by the liver and enhancing the effect of insulin. It is commonly used in women with gestational diabetes and may help in improving hidradenitis suppurativa. It is generally thought to be safe for use during pregnancy and breastfeeding.
- **Rifampicin and clindamycin** are oral antibiotics that are used as monotherapy or in combination for

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3 months in more severe cases of hidradenitis suppurativa, if other treatments fail. These may be used, if needed, during the second and third trimester of pregnancy and breastfeeding.

- **Dapsone** is another medicine which can be used during pregnancy, but is usually stopped at least a month before delivery to reduce the risk of jaundice and anaemia in the baby.
- **Oral corticosteroids** are occasionally given for severe flares and can be used safely for short periods during pregnancy when prescribed by your doctor.

Biologic medicines:

- Treatments such as adalimumab, infliximab and secukinumab can be used to reduce inflammation in severe cases of hidradenitis suppurativa when other treatments have either failed or are contraindicated. Because they are transferred to the baby, they are generally stopped with gestational age after week 20. They could be continued if the benefits outweigh the risks and this must be discussed with your doctor.
- Certolizumab pegol is one biologic medicine with zero to minimal transfer to the baby, but this is currently not an approved treatment and is therefore off-label use. Depending on severity, your dermatologist will discuss all available options.

- Live vaccines for the baby need to be delayed for the first 6 months of life if these medications are given.

General measures:

- **Stop smoking** - It is always recommended to stop/avoid smoking in pregnancy as it can lead to poor outcomes for the baby such as birth defects, low birth weight, impaired lung development and increased risk of infant mortality. For those with HS, the added benefit of stopping smoking is the possible improvement of the mother's skin condition.
- **Healthy gestational weight gain** - Weight loss is not recommended in pregnancy, even in overweight or obese women, as this can impair the baby's development. Women should follow local guidelines for healthy amounts of weight gain in pregnancy. Counselling about weight control is advisable for those who are family planning.
- **Hair removal** - Laser hair removal and electrolysis are not recommended during pregnancy due to the risk of pigmentary changes, scarring and lack of evidence. Waxing, shaving and depilatory creams should be discussed with your Dermatologist.
- **Loose cotton clothing** - Helps to avoid friction and reduce risk of sweating.

Treatments that are not safe in pregnancy and lactation:

- Certain antibiotics, including lymecycline, doxycycline and minocycline.
- Medications that block testosterone, such as spironolactone and cyproterone acetate.
- Vitamin A-derived medications called retinoids, including oral (e.g. isotretinoin, acitretin) and topical forms.

Can women with hidradenitis suppurativa breastfeed?

Women with hidradenitis suppurativa can breastfeed, and they are encouraged to do so, as this benefits mother and baby. A flare under the breasts can cause discomfort when breastfeeding. Local treatment can manage this and allow women to continue breastfeeding. Lactation consultants are an important source of advice and guidance.

Will the child develop hidradenitis suppurativa when they grow older?

There is evidence that hidradenitis suppurativa has a complex genetic origin. Although it can also be sporadic, about 1 in 3 patients with HS have an affected family member. That said, to date, no single gene has been identified and therefore the inheritance is difficult to predict.

While every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own clinician will be able to advise in greater detail.