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BACKGROUND AND IMPORTANCE

Hidradenitis suppurativa (HS) is a chronic, painful, inflammatory skin disease with major impact on quality of life. IL-17 plays a key role in HS pathophysiology, making IL-17 inhibitors, such as secukinumab, a therapeutic option.

AIM AND OBJECTIVES

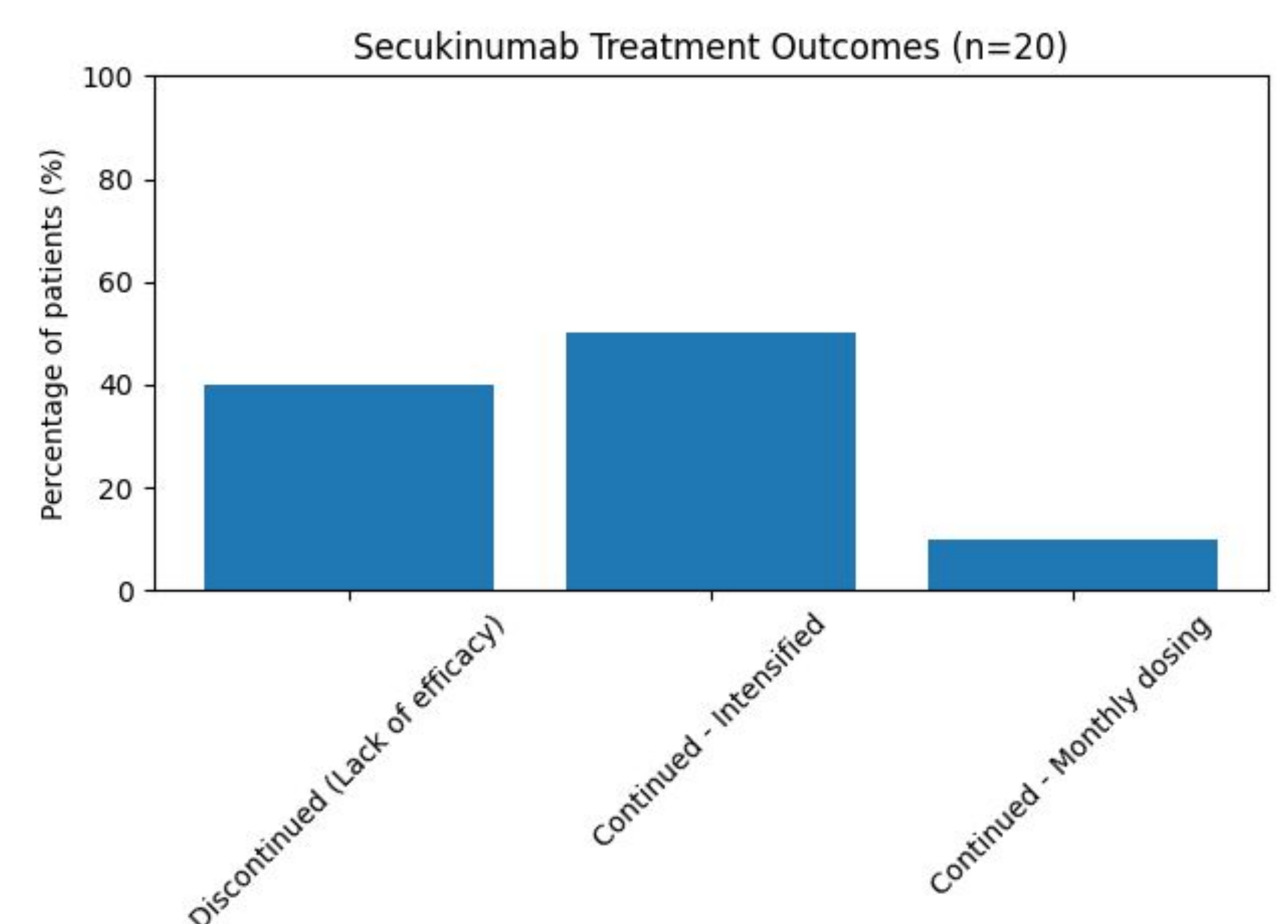
To assess the effectiveness of subcutaneous secukinumab 300 mg in HS.

RESULTS

- 20 patients were included (12 men, 8 women), mean age 41±16 years, BMI 31 kg/m². Smoking status: 45% (9/20) active, 20% (4/20) former, 35% (7/20) non-smokers. All had moderate-to-severe disease (Hurley II–III) and previous adalimumab exposure.
- Overall, 40% (8/20) discontinued secukinumab due to lack of efficacy after a median of 10 months (range 4–35). The remaining 60% (12/20) continued treatment: 10 required dose intensification, i.e. shortened interval (7 every 2 weeks, 3 every 3 weeks) and 2 maintained monthly dosing. Among patients persisting on treatment, 66% (8/12) reported subjective improvement, predominantly under intensified regimens (6/8), with reduced inflammation, drainage, and mean IHS4 reduction of 2.3 points. 33% (4/12) reported no benefit after a median of 11 months (range 6–33). Median time to dose intensification was 8.6 months (range 0–31.5; N=14).
- IHS4 evolution (subgroup with available data): baseline 9.3 (range 1–20; N=10), first follow-up 14 (range 1–40; N=10) after 7.9 months, and second follow-up 17 (range 1–40; N=3) after 13.6 months. Median follow-up was 11 months (range 4–49). 8 patients (40%) required surgery during treatment.

MATERIALS AND METHODS

- Single-center, retrospective observational study conducted in a secondary-level hospital (January 2021–February 2025). Adult patients with HS treated with secukinumab 300 mg as maintenance therapy for ≥3 months were included.
- Variables: sex, age, body mass index (BMI), smoking status, Hurley stage (clinical severity: I mild, II moderate, III severe), prior biologics, treatment duration, dosing regimen, International HS Severity Score System (IHS4, severity index: <4 mild, 4–11 moderate, >11 severe), and patient-reported outcomes.



CONCLUSION AND RELEVANCE

Secukinumab may represent a therapeutic alternative for HS after adalimumab failure. A subgroup of patients, mainly under intensified dosing, experienced clinical improvement and IHS4 reduction. However, high discontinuation rates and worsening severity scores were observed. Standardized and systematic assessment of objective measures, such as IHS4, in routine practice is essential to accurately evaluate effectiveness and optimize treatment decisions.

