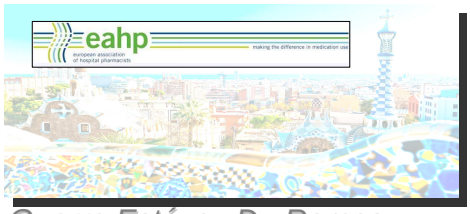
Off label use of adalimumab in the management of severe suppurative hidradenitis



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Background:

Acne inverse (AI), also known as hidradenitis suppurativa (HS), is a chronic, inflammatory and recurrent and difficult management with usual standard treatment, especially in the advanced stage of the disease, so that the use of modulating factor of the inflammatory response such as adalimumab, may constitute a new therapeutic option.

Objetive:

To evaluate the efficacy and safety of adalimumab in the treatment of severe AI.

Material and method:

Retrospective cross-sectional study of patients diagnosed with AI (Hurley grade III) and adalimumab subcutaneous until August 2013. In all cases, informed consent was obtained (off-label indication). The data were obtained from the clinical history and program computerized outpatient dispensing. The efficacy of adalimumab was defined as clinical improvement in the affected regions, nodules and/or fistulas compared to usual standard treatment (oral antibiotics, corticosteroids, antiandrogens and/or retinoids).

Results:

Six patients were included, 2 men and 4 women, with a mean age of 28.8±8.6 years (range: 17-39). The mean treatment duration was 4.8±2.7 months (range: 1-9).

In men, the affected regions were genitals and groin, while women were armpits and groin. In a case, the affected area was not reflected in the medical history. 3 patients were active smokers.

All patients had been treated previously with oral antibiotics, combined or not with antiandrogens, corticosteroids and/or isotretinoin and none had received previously biological therapy. Only in one case there was a positive family history of the disease.

Week 0	Week 1	Maintenance regimen
160mg (4patients)	80mg (4patients)	40mg/week (4patients)
80mg (2patients)	----- (2patients)	40mg/2weeks (2patients)

All patients reported improvement with decreased drainage from all affected sites, remaining stable during the follow-up period. No significant adverse effects were reported.

Conclusions:

Adalimumab may represent a new alternative in the management of severe AI with acceptable safety profile, despite being administered at high doses during the induction phase and without weekly break, although the benefit/risk long term of adalimumab is unknown.