Real-life study of effectiveness and quality of life in patients with moderate/severe hidradenitis suppurativa treated with monoclonal antibodies

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BACKGROUND AND IMPORTANCE

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease that causes painful lesions in apocrine gland-bearing areas, significantly impacting patients' **quality of life** (QoL). Treatment combines surgical and medical therapies, with monoclonal antibodies (MoAbs) playing a key role.

AIM AND OBJECTIVES

- Evaluate the profile of patients with moderate/severe HS treated with MoAbs
- Assess treatment effectiveness and QoL outcomes

MATERIAL AND METHODS

Retrospective descriptive study
07/2016 – 03/2024
3erd level University Hospital

Patients with **moderate/severe HS** treated with **MoAbs**
Effectiveness and **QoL** assessed for all treatments **lasting at least 12-16 weeks**

Variables collected

- Demographic (age, sex)
- Family history
- Hurley Index (HI)
- Concomitant treatments and comorbilities

- Type of MoAb received
- Treatment duration
- DLQI at baseline, weeks 12-18 and week 48

RESULTS

61 patients included

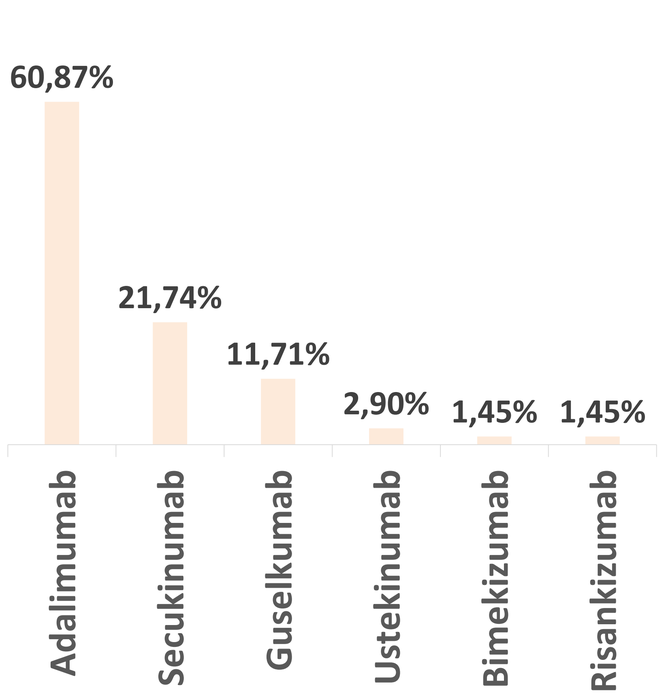
79.31% IH- III
29.50% familiar history of HS

Mean age **39.26** years (SD: 6.94)
Mean BMI 30.19 (SD: 6.94)
55.74% men
62.30% smokers

63.38% with comorbidities (26.76% **psychiatric**, 18.32% **immune-mediated**, 14.09% **metabolic**)

87 MoAbs treatments

Distribution



At the cut-off

100% patients remained on **Guselkumab, Risankizumab or Bimekizumab**

Mean duration of treatment: from **37 days Bimekizumab** to **669 days Ustekinumab**

% DLQI reduction

12-16 week

- Adalimumab → 30.98%
- Secukinumab → 19.16%
- Guselkumab → 45.14%
- Ustekinumab → 28.01%
- Risankizumab → 91.67%
- Bimekizumab → no patient complete 12-16 weeks

48 week

- Adalimumab → 32.54%
- Secukinumab → 11,73%
- Guselkumab → 64.32%
- Ustekinumab → 37.50%
- Risankizumab → no patient complete 48 weeks
- Bimekizumab → no patient complete 48 weeks

CONCLUSION AND RELEVANCE

- This study underscores the **complexity of managing patients with moderate/severe HS**, often necessitating a **multidisciplinary approach** due to the high prevalence of comorbidities.
- While **Adalimumab** and **Secukinumab** are most commonly used, (only biologics currently approved for HS) **newer MoAbs** used o**ff-label** under approved protocols show **promising early results** in terms of **QoL improvements**.
- Despite **limited sample size** → emerging biologics could offer valuable alternatives.
- **Continued research** is essential to validate **long-term effectiveness and safety.**

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