

Clinical Characteristics and Visit Patterns of Hidradenitis Suppurativa Patients: A Retrospective Cohort Study



Nicholas Ollila¹, Nikolas Hernandez¹, Natalie Fragoso^{1,2}
¹Geisel School of Medicine at Dartmouth, ²Department of Dermatology, Dartmouth-Hitchcock Medical Center



INTRODUCTION

- Hidradenitis Suppurativa (HS) is a chronic, painful, inflammatory skin condition causing recurrent nodules, abscesses, and sinus tracts typically in the intertriginous areas.
- Estimated global prevalence is <1% to 4% yet HS is often underdiagnosed.
- HS pathogenesis involves follicular occlusion, immune dysfunction, genetics, and environmental triggers.
- Key risk factors include obesity, smoking, friction, diet, and hormones.
- This retrospective cohort study aims to create a database to better understand patient characteristics, risk factors, clinical presentation, treatment, and disease course in the HS population.
- Data collection is still ongoing, this poster reports baseline clinical and care data for 409 patients.

METHODS

HS REDcap Developed 409 HS Charts Reviewed 715 HS Charts Remaining

1/2025 1/2025 – 10/2025 10/2025 +

- Data was manually extracted from EHRs from the Dartmouth-Hitchcock Dermatology Clinic at Heater Road and input into REDcap forms.
- Eligibility criteria included all patients with HS ≥ 18 years of age seen from 2010-2023.
- Initial data analysis was done with JASP.

RESULTS

Disease Site	Percent of Patients
Inguinal Folds	59.2
Axilla	40.8
Inner Thighs	24.2
Inframammary	23.5
Lower Abdomen	13.2
Pubic	12.7
Buttocks	12.5
Upper Back	4.4
Vulva	3.9
Lower Back	3.4
Upper Abdomen	2.4
Perianal	2.2
Scrotum	1
Scalp	1
Retro-auricular	0.7

Table 1: Percent of patients self reporting HS lesions at varying disease sites.

Number of HS-Related Visits	
Median	2.0
Mean	4.1
Std. Deviation	6.2
Minimum	1
Maximum	57

Table 3: Descriptive statistics of the number of HS related visits among the N = 409 patients.



Fig 2. HS lesions of the axilla (Dermnet).

Comorbidity	Percent of Patients
Obesity	55.5
Psychiatric Conditions	48.4
Atopy	24.9
Hypertension	16.9
Diabetes	15.6
Hyperlipidemia	14.9
Other	9.0
Anemia	8.8
Autoimmune	7.3
Contact Dermatitis	2.2

Table 2: Percent of patients with varying comorbidities as noted in their EHR.

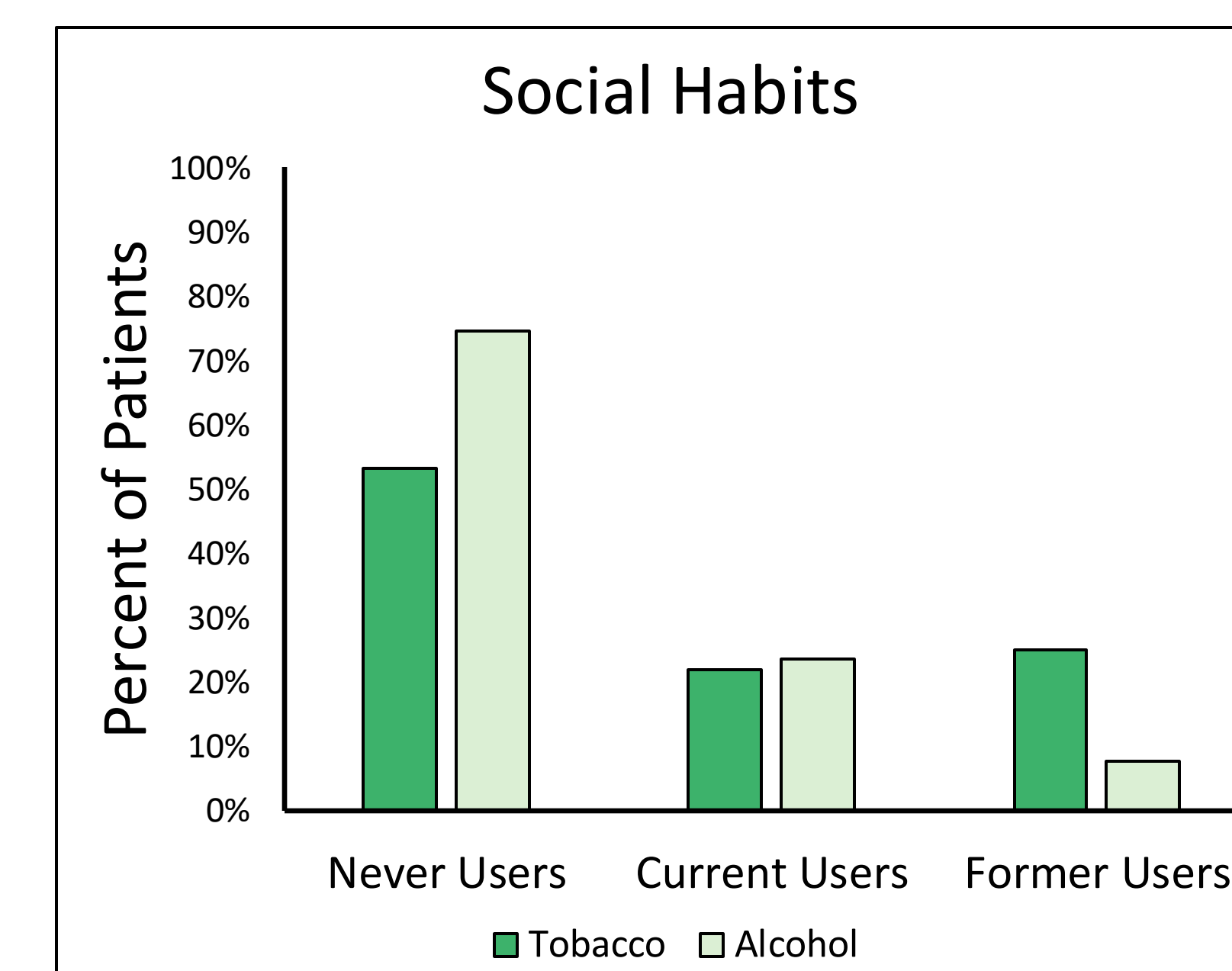


Fig 1. Habits of patients as noted in their EHR.



Fig 3. HS lesions of the axilla (Dermnet).

DISCUSSION

- As of 10/1/2025, data from 409 of 1,124 patients has been collected; full data collection is expected by the end of 2026.
- Obesity, psychiatric conditions, and atopic diseases were the most common comorbidities.
- The inguinal folds and axillae were the most frequently affected sites, with inner thighs and intramammary areas also common.
- Patients had a median of 2 dermatology visits for HS, with an average of 4 visits overall, indicating variability in care and follow-up.
- These findings highlight the multifactorial nature of HS and the need for comprehensive care addressing both skin and systemic conditions.
- Further analysis of the full cohort will help clarify risk factors and guide treatment strategies in this rural New England population.

GOALS

- Identify factors that affect prognosis and treatment efficacy.
- Evaluate no show rates of HS patient population compared to patients seen for non-HS concerns.
- Develop and validate quality of life metrics for patients with HS.
- Create meaningful outcome measures that are of value to physician and patient alike.



References:



Dartmouth-Hitchcock Clinics Heater Road - Dermatology



Nicholas.Ollila.Med@dartmouth.edu