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COMMENTARIES

Hidradenitis Suppurativa as a Systemic Disease: Association With Metabolic Syndrome[☆]



La hidradenitis supurativa como enfermedad sistémica: asociación a síndrome metabólico

Dermatologic treatment of hidradenitis suppurativa (HS) has become challenging in recent years both because of the complexity of the disease itself and because a multidisciplinary focus is often needed to manage the full range of its debilitating and progressive effects.¹

The systematic review and meta-analysis by Rodríguez-Zuñiga et al² in this issue found that HS is associated with metabolic syndrome (MS) in up to 9.64% of cases. Risk for MS is 2-fold higher in HS than in both adults and children without the disease. The HS–MS association leads to a greater chance of comorbidity and complications for the patient, and the concomitant conditions that develop have implications for the therapeutic management of HS.³

It has been suggested that the HS-MS association is due to chronic systemic and cutaneous inflammation and that the higher levels of such cytokines as interleukin (IL) 17, IL-1b, IL-10, tumor necrosis factor, and IL-23 will lead to insulin resistance, which will in turn lead to endothelial damage and cardiovascular disease.⁴

In fact, the association of both HS and MS with hypertension, diabetes, dyslipidemia, and obesity is significantly stronger in patients receiving specialist care than in those treated elsewhere. The likely explanation for this observation is that tertiary care hospitals treat more aggressive forms of HS and that these forms correlate positively with higher rates of MS.⁵

Screening for the various conditions that make up MS should therefore be a key step in achieving integrated management of HS.

Conflicts of Interest

A. Martorell declares that he has been a consultant for several pharmaceutical laboratories, including Pfizer, AbbVie, Novartis, Jansen Cilag, Lilly, Leo Pharma, Merk Sharp and Dohme, Isdin, Viñas, Celgene, Pierre Fabre, and UCB.

References

1. Zouboulis CC, Desai N, Emtestam L, Hunger RE, Ioannides D, Juhász I, et al. European S1 guideline for the treatment of hidradenitis suppurativa/acne inversa. *J Eur Acad Dermatol Venereol.* 2015;29:619–44.
2. Rodríguez-Zuñiga MJM, García-Perdomo HA, Ortega-Loayza AC. Asociación entre la hidradenitis supurativa y el síndrome metabólico: Revisión sistemática y metaanálisis. *Actas Dermosifiliogr.* 2019, <http://dx.doi.org/10.1016/j.ad.2018.10.020>.
3. Zouboulis CC, Bechara F, Dickinson-Blok J, Gulliver W, Horvath B, Hughes R, et al. Hidradenitis suppurativa/acne inversa: a practical framework for treatment optimization - systematic review and recommendations from the HS ALLIANCE working group. *J Eur Acad Dermatol Venereol.* 2018, <http://dx.doi.org/10.1111/jdv.15233>. [Epub ahead of print].
4. Riis PT, Soeby K, Saunte DM, Jemec GB. Patients with hidradenitis suppurativa carry a higher systemic inflammatory load than other dermatological patients. *Arch Dermatol Res.* 2015;307:885–9.
5. Dauden E, Lazaro P, Aguilar MD, Blasco AJ, Suarez C, Marin I, et al. Recommendations for the management of comorbidity in hidradenitis suppurativa. *J Eur Acad Dermatol Venereol.* 2018;32:129–44.

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