

# HIDRADENITIS SUPPURATIVA (HS)

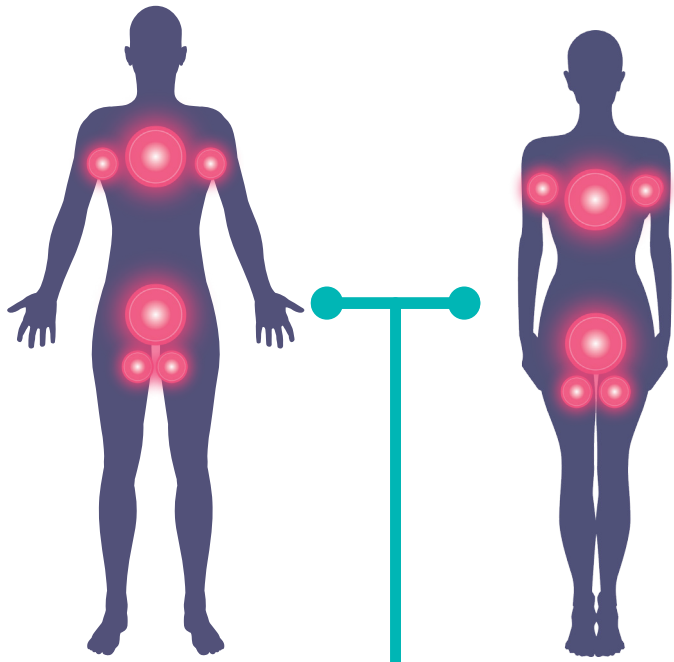


Awareness is Key!



Do you have a patient presenting with boils\*?

These two questions may lead to a quicker diagnosis



1 Have they experienced more than one outbreak of boils in the last 6 months?

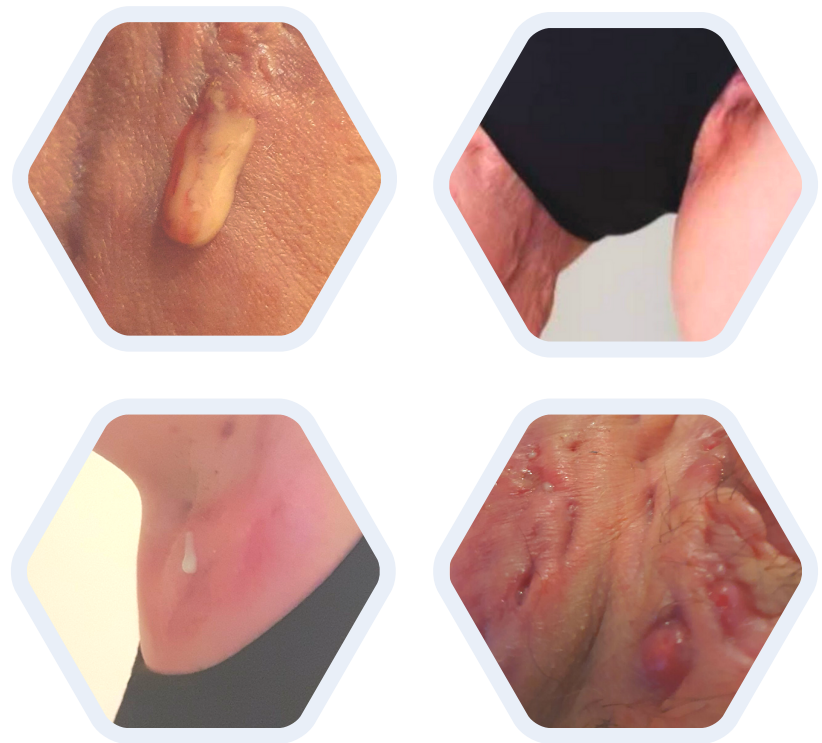
2 Were they located in one or more of the common areas\*\* indicated in pink?

If the answer is **YES**, your patient likely has HS\*\*\*

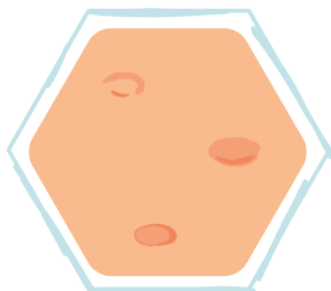
## KNOW THE FACTS

HS is a chronic, inflammatory, recurrent, debilitating skin disease of the hair follicle that usually presents after puberty with painful, deep-seated inflamed lesions most commonly the axillae, inguinal and anogenital regions

It affects approximately 1-2% of the general population



HS Severity can be categorised using the Hurley Staging System



**STAGE 1**  
Isolated lesions, without sinus tract(s) and scars



**STAGE 2**  
One or more lesion with sinus tract(s) formation



**STAGE 3**  
Interconnected tract(s) and multiple lesions involving an extended area with no normal tissue present

Treatment of wounds in challenging areas: Hidradenitis suppurativa training video <https://www.facebook.com/WCTreport/videos/2381263572034657>



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\*Patients may refer to their HS outbreak as abscesses, bumps, boils, cysts, blind spots etc

\*\*HS can also occur in other areas of the body, including the neck, hairline, behind the ears, and torso

\*\*\*Vinding, G.R. et al (2014) The prevalence of inverse recurrent suppuration: a population-based study of possible hidradenitis suppurativa, British Journal Dermatology