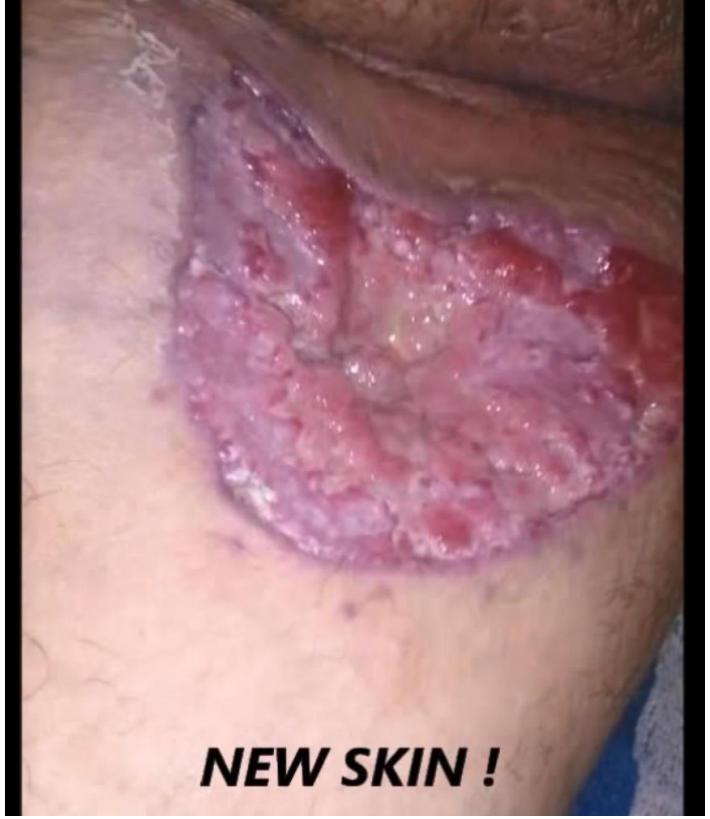
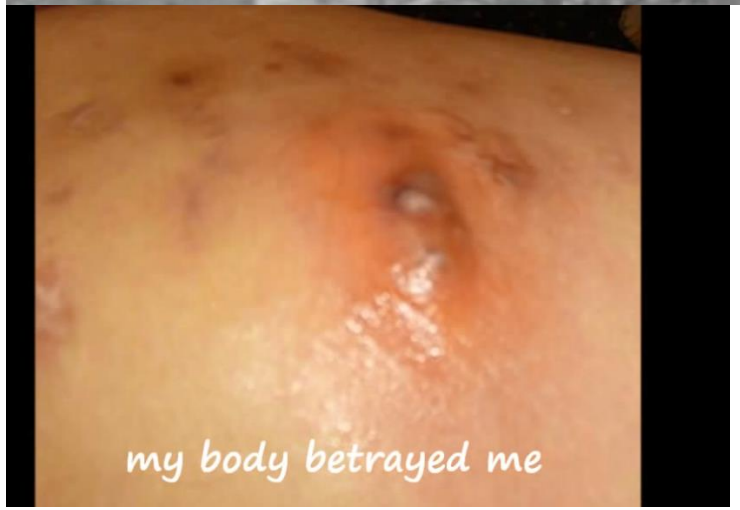
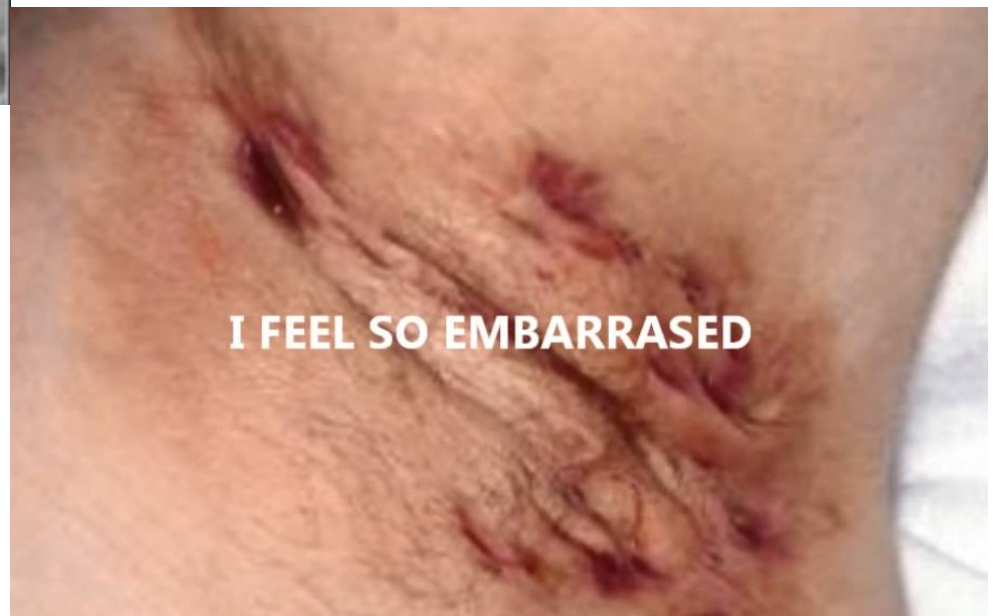
HS ETIYOPATOGENEZI

Prof. Dr. Murat Borlu
Erciyes Üniversitesi Dermatoloji


walk a mile in my shoes


NEW SKIN !


my body betrayed me


I FEEL SO EMBARRASED

HS NEDİR X NE DEĞİLDİR ?

Hidros (ter) Aden (bez)

Hidradenitis Suppurativa

Diğer kullanılan isimler
Akne İnversa
Vernueil Hastalığı
Ektopik Akne
Piyoderma Fistulans Signifika
Fox-Den Hastalığı

Jemec GBE, Hansen U. *J Am Acad Dermatol* 1196; 34:994-999

HS ne değildir?

- Apokrin bezlerden başlamaz!
- Primer enfeksiyon değil!
- Akne değildir!

HS & Enfeksiyon

- HS klasik ‘enfeksiyon’ değildir….
  - Tek bir patojen değil, polimorf flora vardır
    - Koagülaz Neg Staf. + Anaeroblar
  - Lenfadenopati görülmez
  - Baştaki steril sürece… enfeksiyon eklenmesi ile olur

Folliküller Oklüzyon

Follikül Rüptürü

Şiddetli İnflamasyon

Komensal bakterilere karşı aberran keratinosit cevabı?

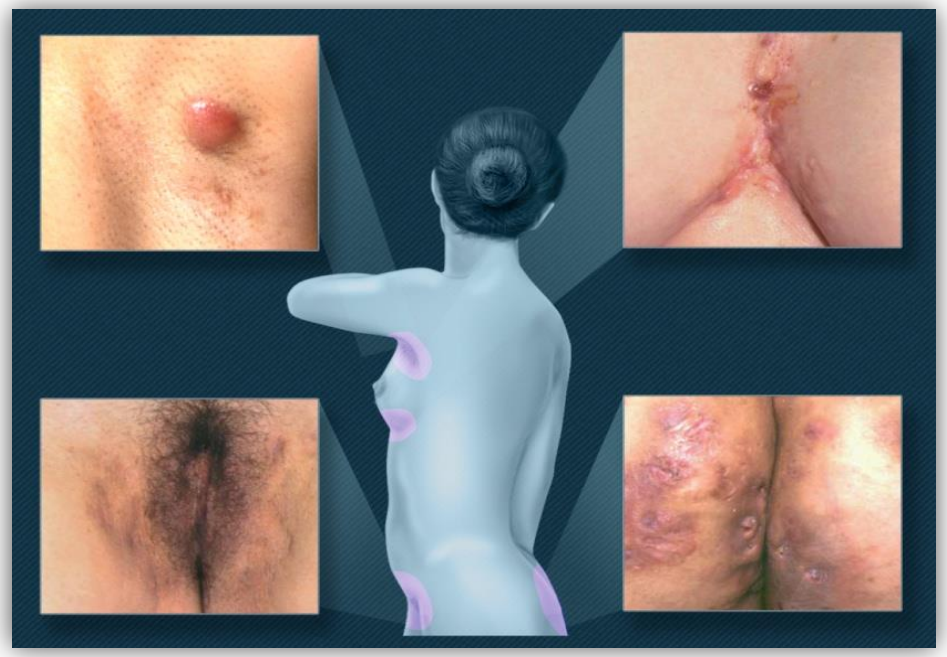
Yıllar İçerisinde Gelişen HS Bilinirliği

Velpeau A. Dictionnaire de Medicine, Aiselle, Bechet, 1839, Verneuil A. *Arch Gen Med*, 1864; 2:537-557, Schiefferdecker B. Schweizerbart, Stuttgart, 1922, Brunsting HA. *Arch Dermatol*, 1952; 39:108-120, Shelly WB, Cahn MM. *Arch Dermatol*, 1955; 72:562-565, Attanoos RL, *Br J Dermatol*, 1995; 133:254-258, Boer J., *Br J Dermatol*, 1996; 135:721-725, Jemec GBE, *J Am Acad Dermatol*, 1996; 34:994-999

HS’nin Görüldüğü Bölgeler

Koltuk altı

Meme

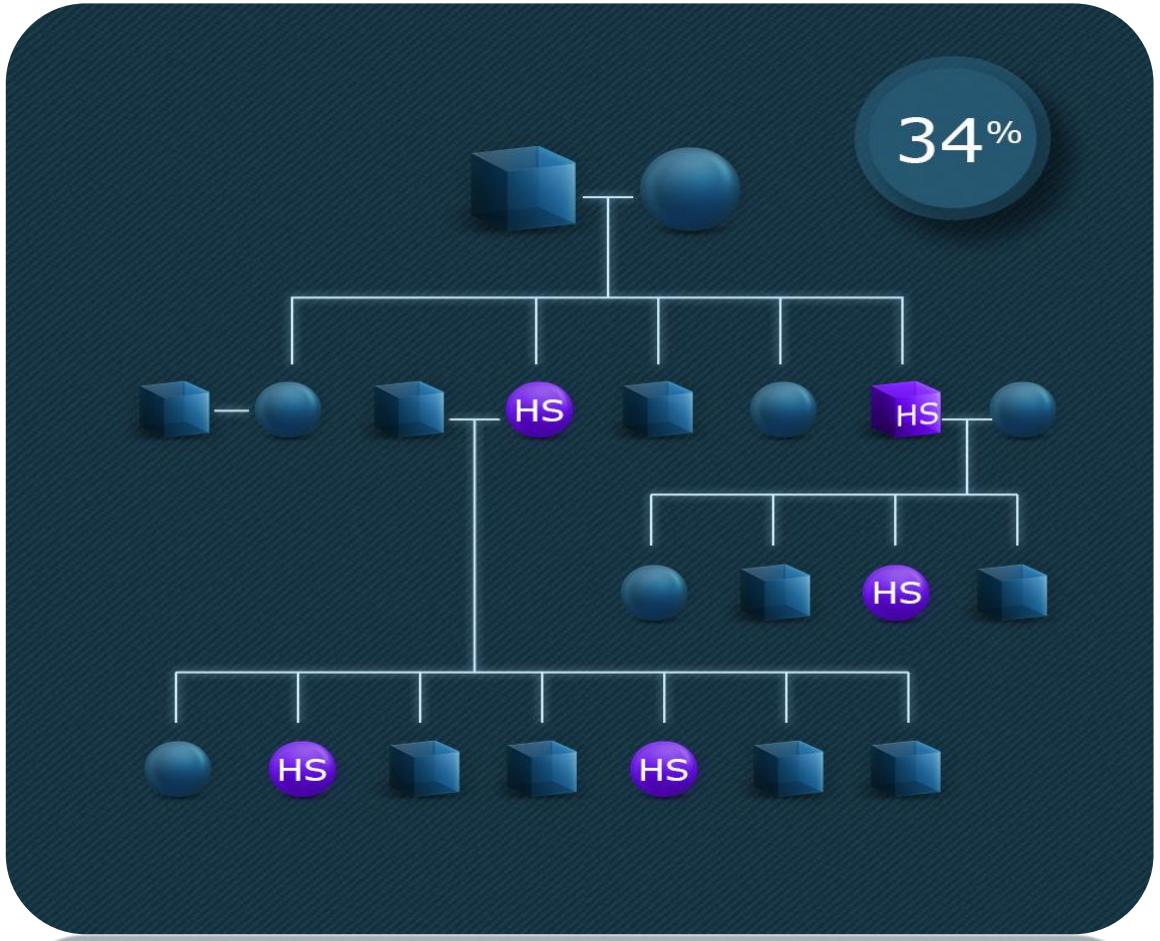


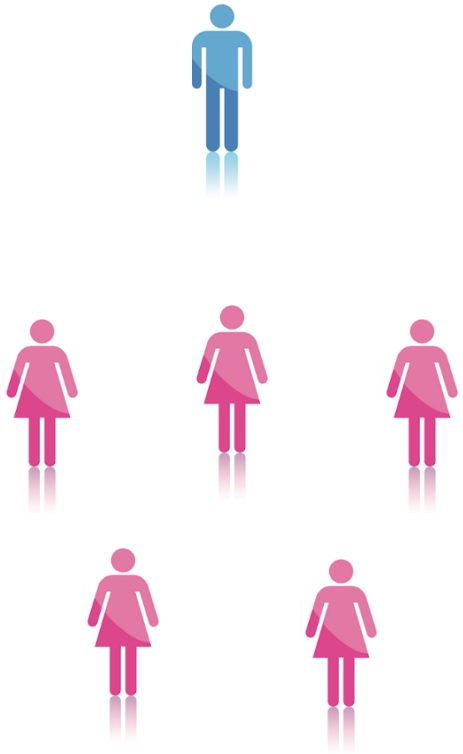
Kasık

Perianal ve perineal bölge

Fransa	%1
Danimarka	%1
İsveç	% 0,15
ABD	%0,053
ABD	% 0,13

Genetik





HS: Anormal Sitokin Profili

	IL-1β (pg/mL)	IL-10 (pg/mL)	TNFα (pg/mL)
HS	31	34	5
Psoriasis	4	2	1

IL-1β-IL-23/ Th17/IL-17 yolakları önemli görünüyor

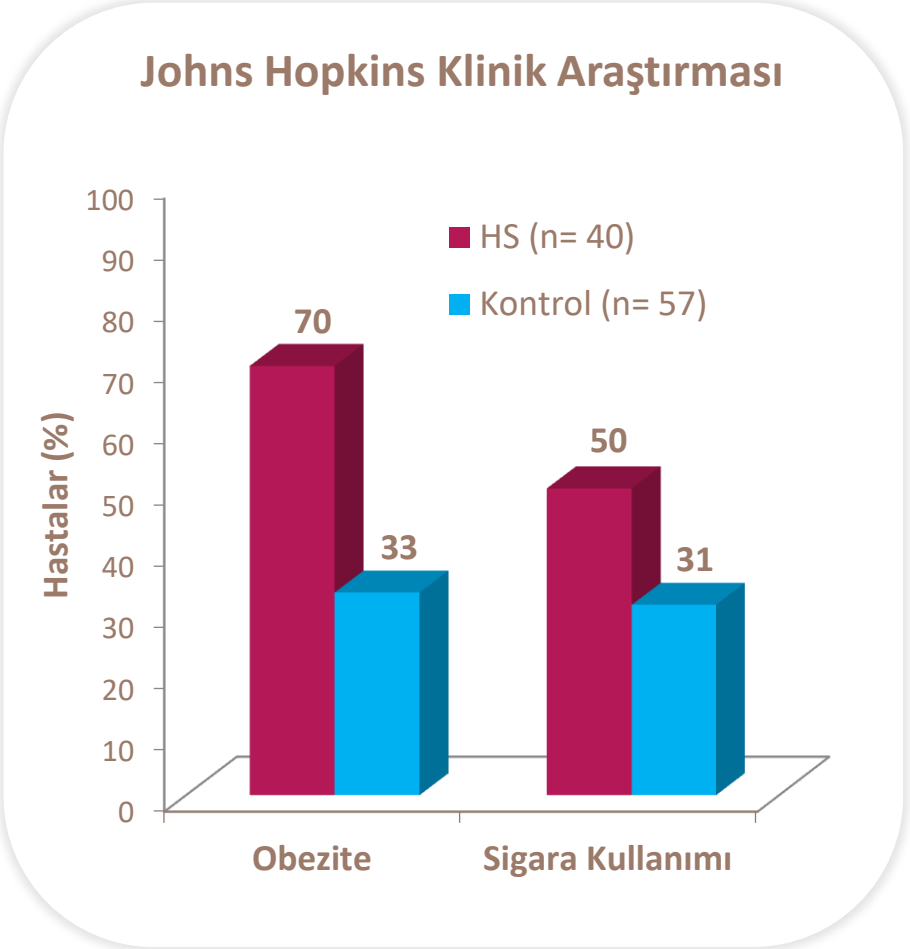
IL-1β ↑
IL-23 ↑
IL-17 ↑

Risk Faktörleri – Biyolojik ve Çevresel Etkenler

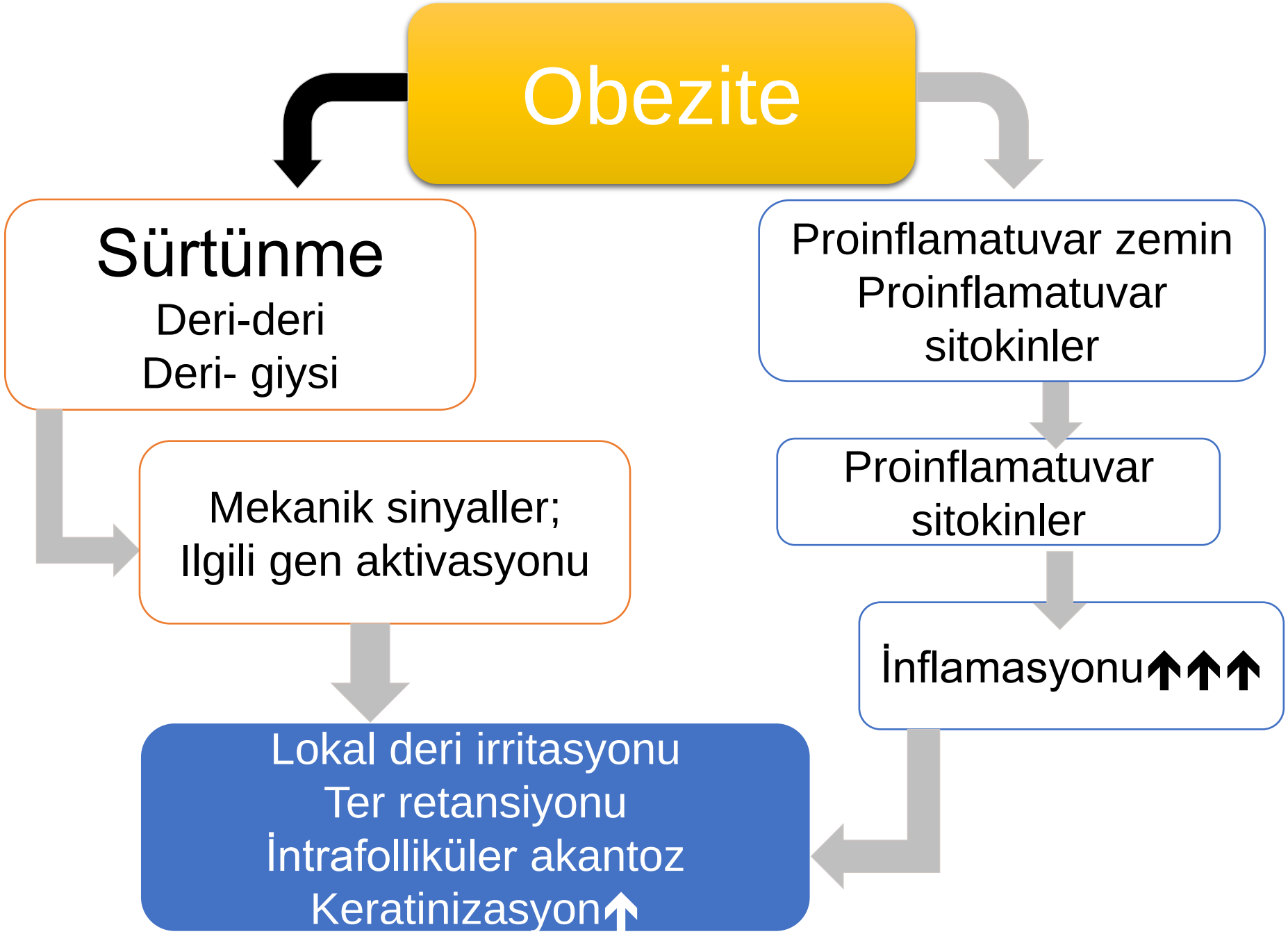
Biyolojik Faktörler
Vücut Kitle İndeksi (Risk oranı* = 4.42)
Hormonlar
Genetik

Çevresel Faktörler
Sigara kullanımı (Risk oranı* = 12.55)
Lityum
Bakteriler

* vs. kontrol



Revuz JE, et al. *J Am Acad Dermatol*. 2008;59(4):596-601
Jemec GB. *N Engl J Med*. 2012;366(2):158-164.
Vlassiva N, et al. AAD 2012:P4822


Obezite
Sürtünme
Deri-deri
Deri- giysi
Mekanik sinyaller;
Ilgili gen aktivasyonu
Proinflamatuvar zemin
Proinflamatuvar
sitokinler
Proinflamatuvar
sitokinler
İnflamasyonu↑↑↑
Lokal deri irritasyonu
Ter retansiyonu
İntrafolliküler akantoz
Keratinizasyon↑

HS- Hastalık Şiddetini Belirleme

Hurley Evre 1:

Hurley Evre 2:

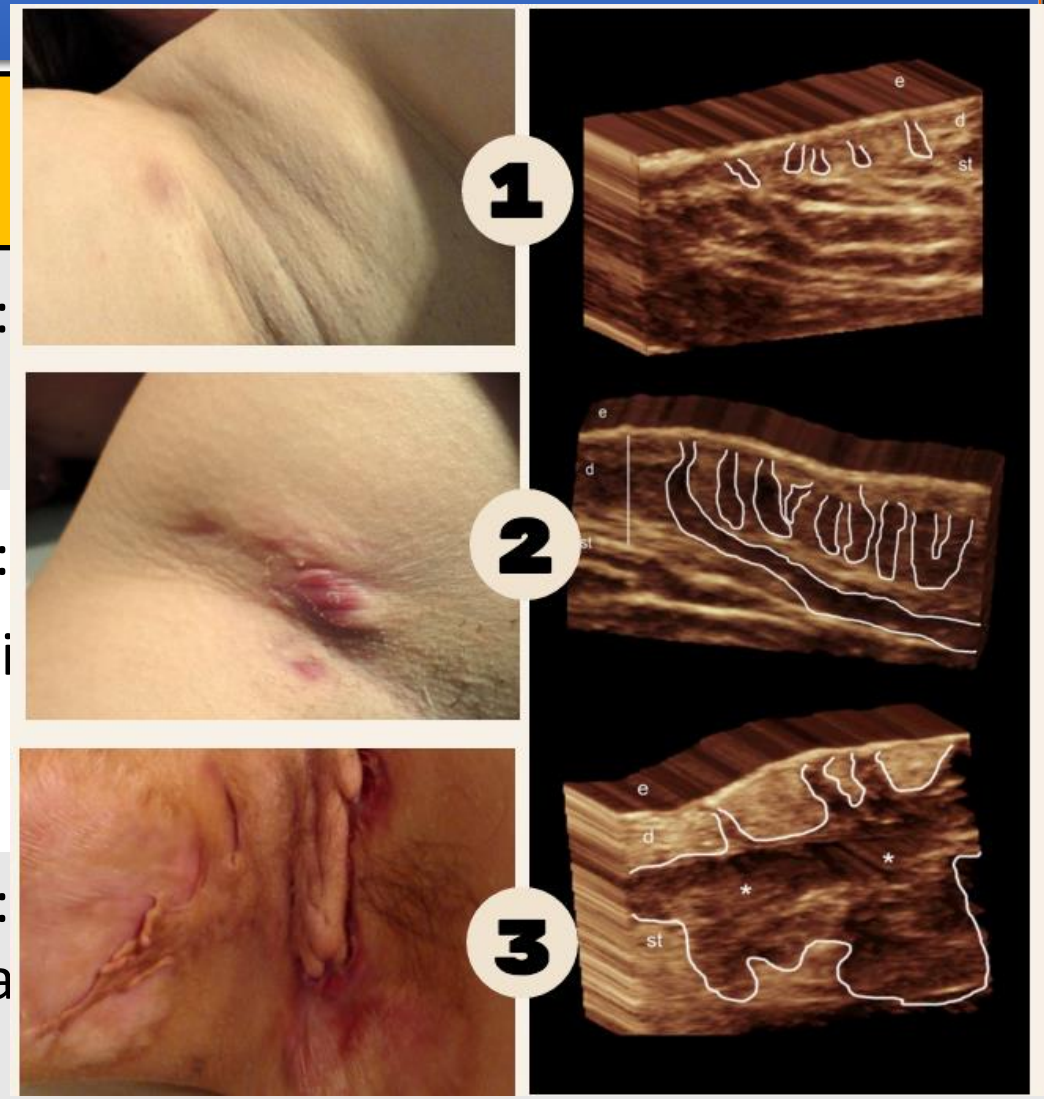
lezyonlar birbi

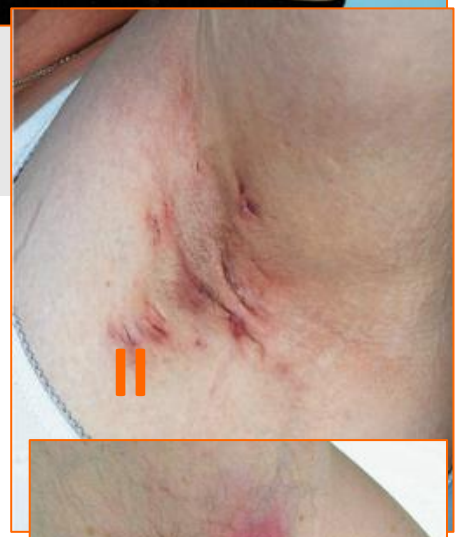
r-

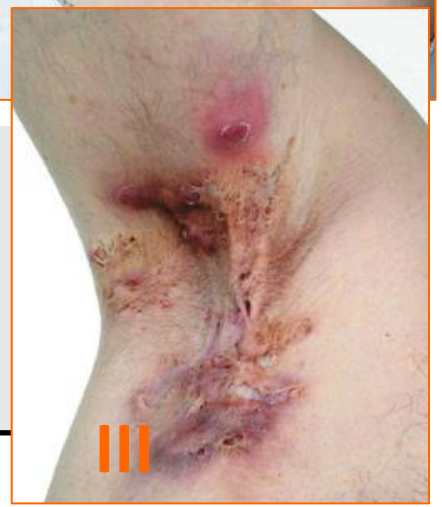
Hurley Evre 3:

traktlar, skarla

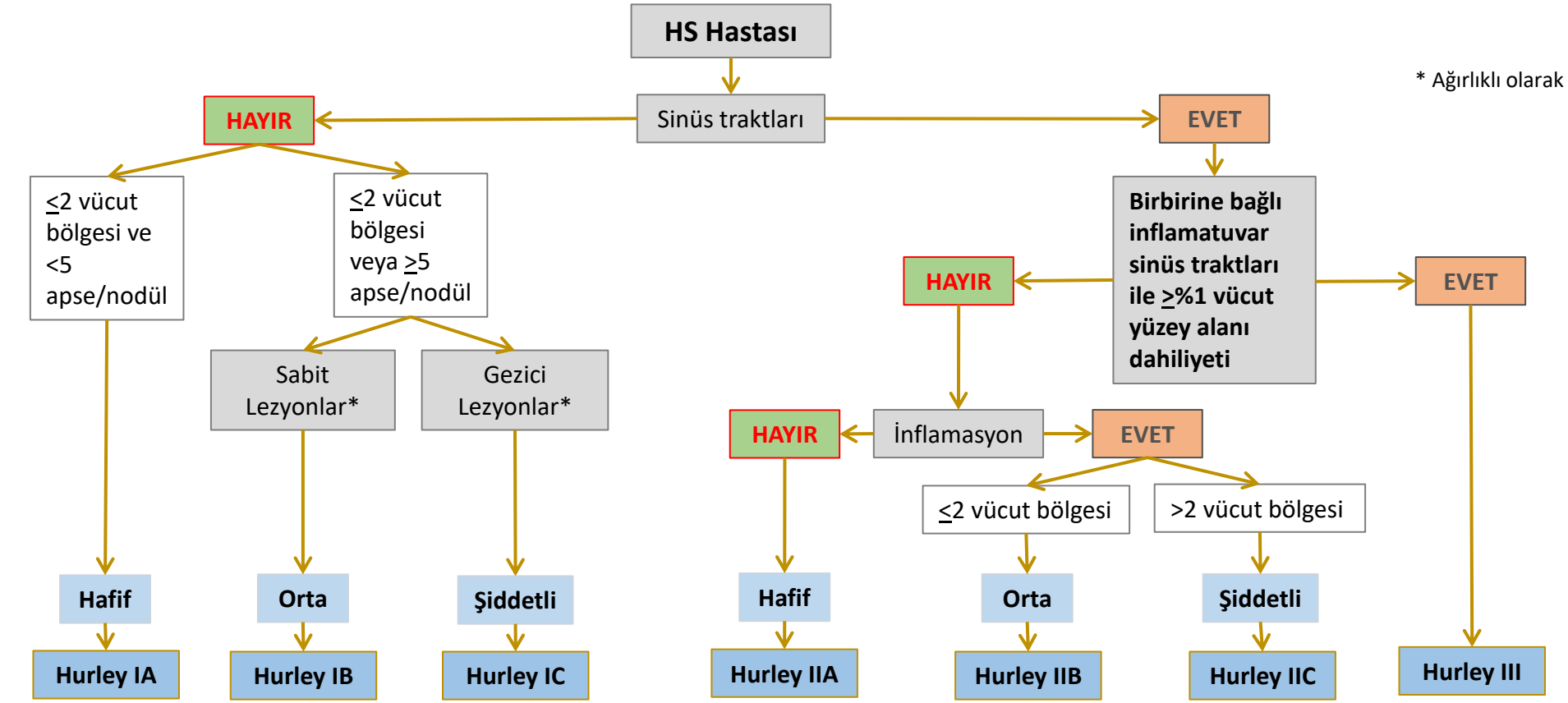
ılı



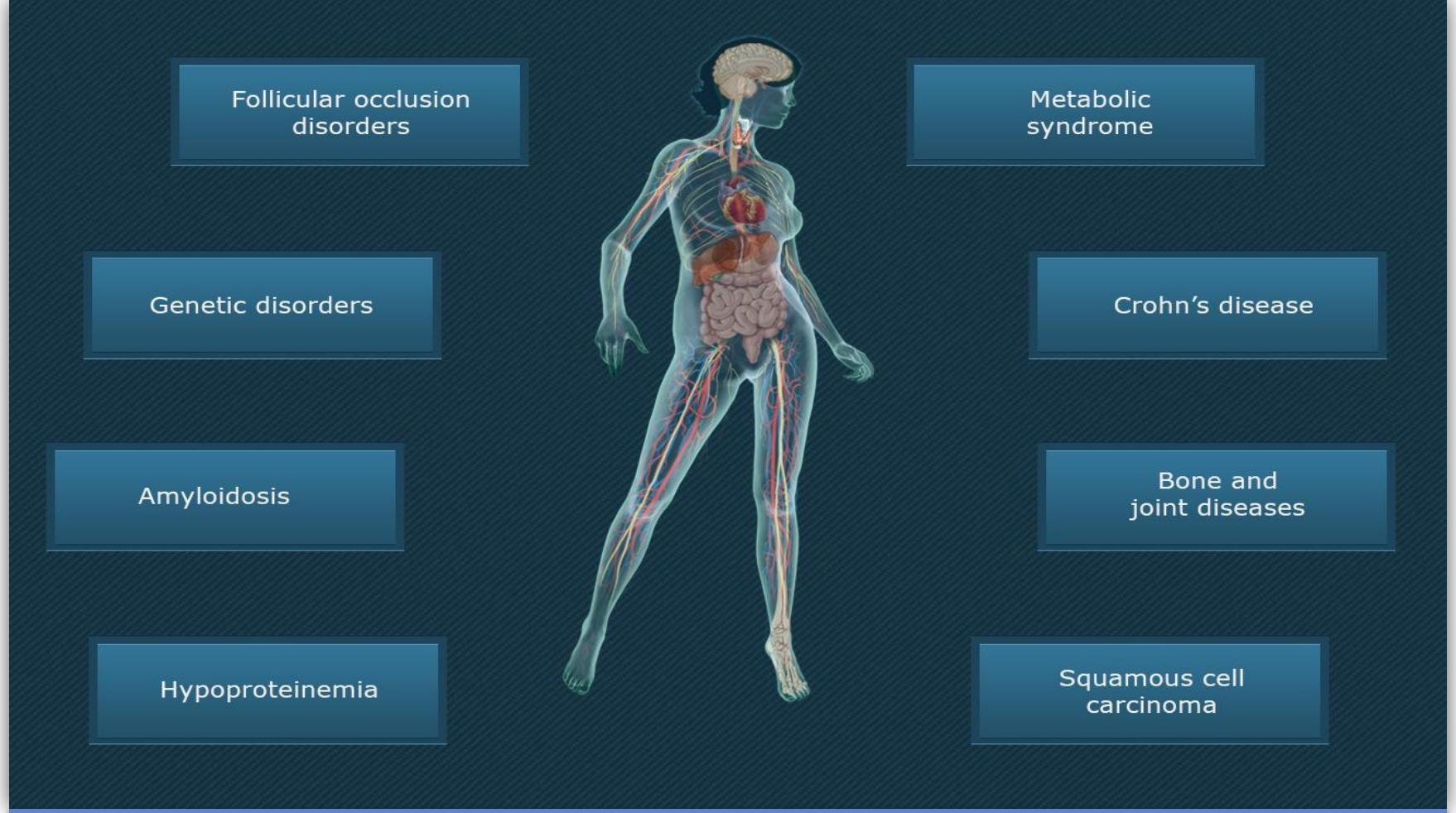




Geliştirilmiş Hurley Sınıflandırması



Horvath B., et al. Hurley Staging Refined: A Proposal by the Dutch Hidradenitis Suppurativa Expert Group, Acta Derm Venereol 2016



- Ortalama tanı alma süresi: 8 yıl
- Tanı için ortalama muayene sayısı 17
- Ortalama 3 farklı disiplin ve 5 farklı doktor

KOMPLİKASYON ve RİSKLER

> 3 x daha yüksek kalp krizi veya inme riski

- **> 5 x daha yüksek tip 2 diyabet riski**

> 2.5 x daha yüksek oranda ölüm vakası

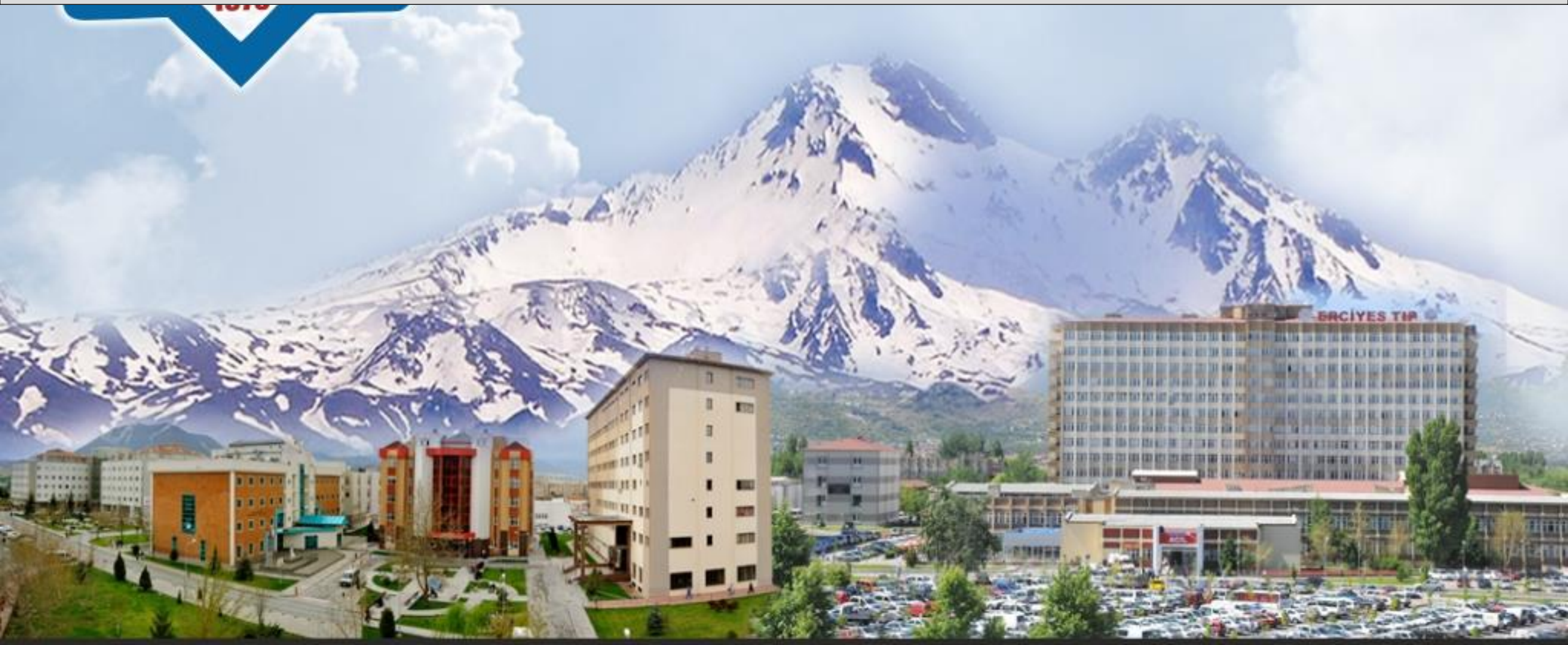
- **Lenfatik obstrüksiyon, lenfödem**

Scc gelişimi 10-30 yılda... gluteal bölge

Romatolojik sıkıntılar.. Artrit..

HS TEDAVİSİ

Prof. Dr. Murat Borlu Erciyes Üniversitesi Dermatoloji



A Comparison of International Management Guidelines for Hidradenitis Suppurativa

Received: July 14, 2019
Accepted after revision: September 19, 2019
Published online: October 23, 2019

Aleksi J. Hendricks[a] Jennifer L. Hsiao[b] Michelle A. Lowes[c] Vivian Y. Shi[d]

European Academy of Dermatology and Venereology	2015	European S1 guideline for the treatment of hidradenitis … acne inversa [25]	European S1
European HS Foundation	2016	Evidence-based approach to the treatment of … inversa, based on the European guideline… [24]	European HS Foundation
Swiss consensus group	2017	Swiss practice recommendations f… …nitis suppurativa/acne inversa [26]	Swiss
Canadian Dermatology Association consensus group	2017	Approach to the mana… …enitis suppurativa: a consensus docu…	Canadian consensus
British Association of Dermatologists	2018	British Asso… …elines for the management of hidrade… …) 2018 [18]	British
Canadian Dermatology Association	2018	H… …vel model of care and an integrative … disease [22]	Canadian Dermatology Association
HS ALLIANCE		…ppurativa/acne inversa: a practical framework for …ptimization - systematic review and recommendations …e HS ALLIANCE working group [21]	HS ALLIANCE
US and Canadian H… Foundations		North American clinical management guidelines for hidradenitis suppurativa: a publication from the United States and Canadian hidradenitis suppurativa foundations Part I: diagnosis, evaluation, and the use of complementary and procedural management [19] Part II: topical, intralesional, and systemic medical management [20]	North American
Brazilian Society of Dermatology	2019	Consensus on the treatment of hidradenitis suppurativa – Brazilian Society of Dermatology [27]	Brazilian

TNF-alpha inhibitors

Lifestyle advice

Immuno-suppressive therapy

Surgery

Antibiotics

Analgesia

Oral retinoids

Antiandrogens (Oral contraceptives)

Psychological support

Dr. Samuel Franco

Türkiye Klinikleri Dermatoloji Dergisi
Turkiye Klinikleri Journal of Dermatology
Turkiye Klinikleri J Dermatol. 2021;31(1):57-80

BİLİMSEL OLAYLAR SCIENTIFIC EVENTS

DOI: 10.5336/dermato.2020-80699

Türkiye Hidradenitis Süpürativa Tanı ve Tedavi Kılavuzu

The Turkish Guideline for the Diagnosis and Management of Hydradenitis Suppurativa

Murat BORLU[a], Erkan ALPSOY[b], Nilgün ATAKAN[c], Emel Bülbül BAŞKAN[d], Burhan ENGİN[e], Beyza ÖZÇINAR[f], Fatma Figen ÖZGÜR[g], Metin ÇAKMAKÇI[h]

[a]Erciyes Üniversitesi Tıp Fakültesi, Deri ve Zührevi Hastalıkları ABD, Kayseri, TÜRKİYE

Hidradenitis suppurativa

Current and emerging treatments

Samantha R. Goldburg, BA,[a] Bruce E. Strober, MD, PhD,[b,c] and Michael J. Payette, MD, MBA[a,b,d]
Farmington, Cromwell, and New Haven, Connecticut

J AM ACAD DERMATOL
MAY 2020

Adjuvan Tedaviler

- Genel tedbirler
- Bandajlar
- Psikososyal Destek
- **Kilo verme /sigara bırakma**

Medikal Tedaviler

- **Topikal Tedavi-Antibiyotik Dışı**
  - Exfoliyanlar ve Soyucular
  - Diğerleri
- **Topikal Antibiyotikler**
  - Klindamisin
- **Sistemik Antibiyotikler**
  - Tetrasiklin
  - Klindamisin, Rifampisin
  - Rifampisin, Moxifloxacin, Metronidazol
  - ertapenem

Anti-İnflamatuar Tedaviler

- İntralezyonal Kortikosteroidler
- Sistemik Kortikosteroidler
- Siklosporin-A
- Hormonlar
- Analjezikler
- NSAİD
- Dapson
- Opiatlar
- Çinko
- Kolşisin
- Retinodiler
- İsotretinoin
- Asitretin

Cerrahi Tedavi

- Konvansiyonel Cerrahi
- Deroofing
- Total eksizyon

Biyolojikler

- Adalimumab
- İnfliksimab
- sekukinumab
- Etanersept
- ustekinumab
- Anakinra
- IVIG

Lazerler

Karbondioksid Lazer

Nd-Yag Lazer

IPL

Fotodinamik Tedavi

Deneysel Tedaviler

- Botilinum Toksini

Gelecek Tedaviler

- IL-17 inhibitörleri
- IL-23 inhibitrleri
- Aprelimast

Topikal Tedaviler

Klindamisin, Klindamisin +rifampisin

- B önerme kanıt seviyesi II

Resorsinol % 15 evre 1-2

- Tüm hastalar ağrıda anlamlı düzelme yaşamıştır
- Ağrılı inflamatuar nodüllerinin ortalama süresinde azalma

Adapalen, Azeleik asit, benzoil peroksit

- Uzman görüşü….. çalışma yok….

İLKS

Triamsinolon asetonid

2 haftada bir enjeksiyon, 48-72 saat etki eder.

Bakteriyel enfeksiyon varlığında kontendikasyon..

Tedavi amaçları:

Ağrı ve inflamasyonu azaltma; sıklıkla küratif değil

Püstülleri iğne inzisyon bölgesinden ekstra eder

Sinus ve traktların skarlı bölgeye kollaps yada transformu

Literatür:

Anekdotal

IV, D

Sistemik Antibiyotikler

▪ Tetrasiklin	II B
▪ Klindamisin + Rifampisin	II B
▪ Ertapenem (az bildirim ama etkili)	IV C
▪ Metronidazole	?
▪ Minosiklin/Rifampisin	C
▪ Kinolon / Rif/ Metronidazol	IV C
▪ Dapson ???	IV C

Antiinflamatuarlar

- Sistemik Kortikosteroidler …..tek başına etkisi ??
- Siklosporin-A
- Hidroksiklorokin
- Hormonlar
- NSAİD
- Çinko
- IVIG
- Kolşisin
- İsotretinoin
- Asitretin
- Fumaratlar
- Antidiyabetikler, metformin..
- PDGF, GCSF

Antiandrojen

- Antiandrojenler, estrojen iyi geliyor
- Progesteron kötü geliyor
- Ethinyl estradiol/siproteron asetat kombinasyonu 29% iyileşme
- Polikistik over + prekoks puberte olan hst:
- Finasterid
- Dutasterid

IV, D

Çinko Glukonat

- **(90 mg/gün)**
- 22 Hurley evre I ve II HS hastasının 8'inde tam, 14'ünde kısmi remisyon
- Doğal immün göstergenin ekspresyonunda anlamlı artış.. Etki: Potansiyel, düşük riskli ek tedavi; yaygın bir ek tedavi

III, C

Etanercept 50mg SQ	Fusion protein that binds and inhibits both TNF-α and TNF-β	NCT00107991	Phase II open-label; 12 weeks	15	Moderate to severe	Failed to show a clinically significant decrease in PGA score and DLQI at 12 weeks.[98]
CJM-112	Monoclonal antibody against IL-17A	NCT02421172	Phase II randomized, double-blind, placebo-controlled, multiple dose study	66	Moderate to severe	No published results.[99]
Bimekizumab	Monoclonal antibody against IL-17A and IL-17F	NCT03248531	Phase II multicenter double-blind placebo-controlled trial comparing to adalimumab	157	Moderate to severe	No published results.[100]
Ustekinumab 45mg or 90mg on weeks 0, 4, 16, 28	Monoclonal antibody against p40 subunit of IL-12 and IL-23	NCT01704534	Phase II Prospective, uncontrolled, open-label study; 40 weeks	17	Moderate to severe	Sartorius score was markedly (N=6) moderately mildly i… No… …ients …R-50.
MEDI8968	Antibody to the IL-1 receptor	NCT01838499	Phase II… Ran…			…patients in the …8968 group had improved PGA compared to 18.5% of patients in the placebo group; 43.6% of patients dropped out of the experimental group due to lack of improvement and trial terminated early due to lack of efficacy.[16]
Bermekimab 400 mg	Monoclonal antibody against IL-1α	NCT0…	…hase II multicenter open-label study	20	Moderate to severe	No published results.[101]
Adalimumab	Human monoclonal antibody against TNF-α	PIONEER I (NCT01468207)	Phase III multicenter, double-blinded, placebo-	307	Mild to severe	41.8% of patients receiving ADA compared to 26.0% of patients in the placebo group,
						achieved a clinical response (P=0.003).[29]
			…nded, …ebo-controlled, randomized trial	326	Mild to severe	58.9% of patients receiving ADA compared to 27.6% of patients in the placebo group, achieved a clinical response (P=0.001). Patients receiving ADA had significantly greater improvement in lesions, pain, and modified Sartorius score compared to placebo group.[29]
NCT02904902	A Phase III multicenter, open-label, single arm study			15	Moderate to severe	No published results.[102]
NCT02808975	Phase IV, double-blind, randomized, placebo-controlled, multicenter study			200	Moderate to severe	No published results.[103]
NCT03001115	Post-marketing cohort study			300	severe	No published results.[104]

Secukinumab 300mg every 2 weeks or every 4 weeks	Monoclonal antibody against IL-17A	NCT03713632	Phase III, multicenter, randomized, double-blind, placebo-controlled, parallel group study	Estimated enrollment: 471	Moderate to severe	No published results.[38]
Guselkumab	Monoclonal antibody against IL-23	NCT03628924	A Phase II multicenter, randomized, placebo-controlled, double-blind, proof of concept study	Estimated enrollment: 180	Moderate to severe	No published results.[42]
Apremilast	PDE4 inhibitor that blocks cAMP degradation, which drives activation of PKA. In turn, it reduces production of TNF- α, IL-12p40, and IL-17, and increases IL-10.	NCT03049267	Phase I double-blind, randomized placebo-controlled clinical trial	20	Moderate	No published results.[106]
		NCT02695212 10mg/days 1-6, 30mg twice daily at day 6 onwards	Phase II single center open-label clinical trial	20	Moderate	No published results.[107]
		N/A No clinical trial underway	Case series	9	Moderate to severe	Significant improvement in Sartorius score in addition to decreased VAS pain score and DLQI.[108]
IFX-1	Monoclonal antibody against C5a	NCT03001622	Phase II open-label clinical trial	12	Moderate to severe	No published results.[109]
INCB054707	JAK Inhibitor	NCT03569371	Phase II open-label, single arm study	10		
Infliximab 5mgs/kg at weeks 0, 2, 6, then every 8 weeks thereafter	Chimeric monoclonal antibody against TNF- α	NCT00795574	Phase II, randomized, double-blind, placebo-controlled crossover trial	38	Moderate to severe	60% of patients treated with IFX showed a 25% to less than 50% improvement, 26.7% showed a 50% or greater improvement, and 13.3% showed a less than 25% improvement in HSSI score 8 weeks after the initial dose.[105]
Anakinra 100mg/0.67mL injected subcutaneously once daily	Humanized monoclonal antibody against the IL-1 receptor	NCT01516749	Phase II, open-label, proof-of-concept, non-randomized Study	6	Moderate to severe	Patients showed a significant reduction of Sartorius Score after anakinra was given daily for 8 weeks (p= 0.024).[44]
		NCT01558375	Phase II, double-blind, randomized, controlled	20	Moderate to severe	HiSCR was improved at week 12 in 78% of patients in the anakinra arm compared to 30% in

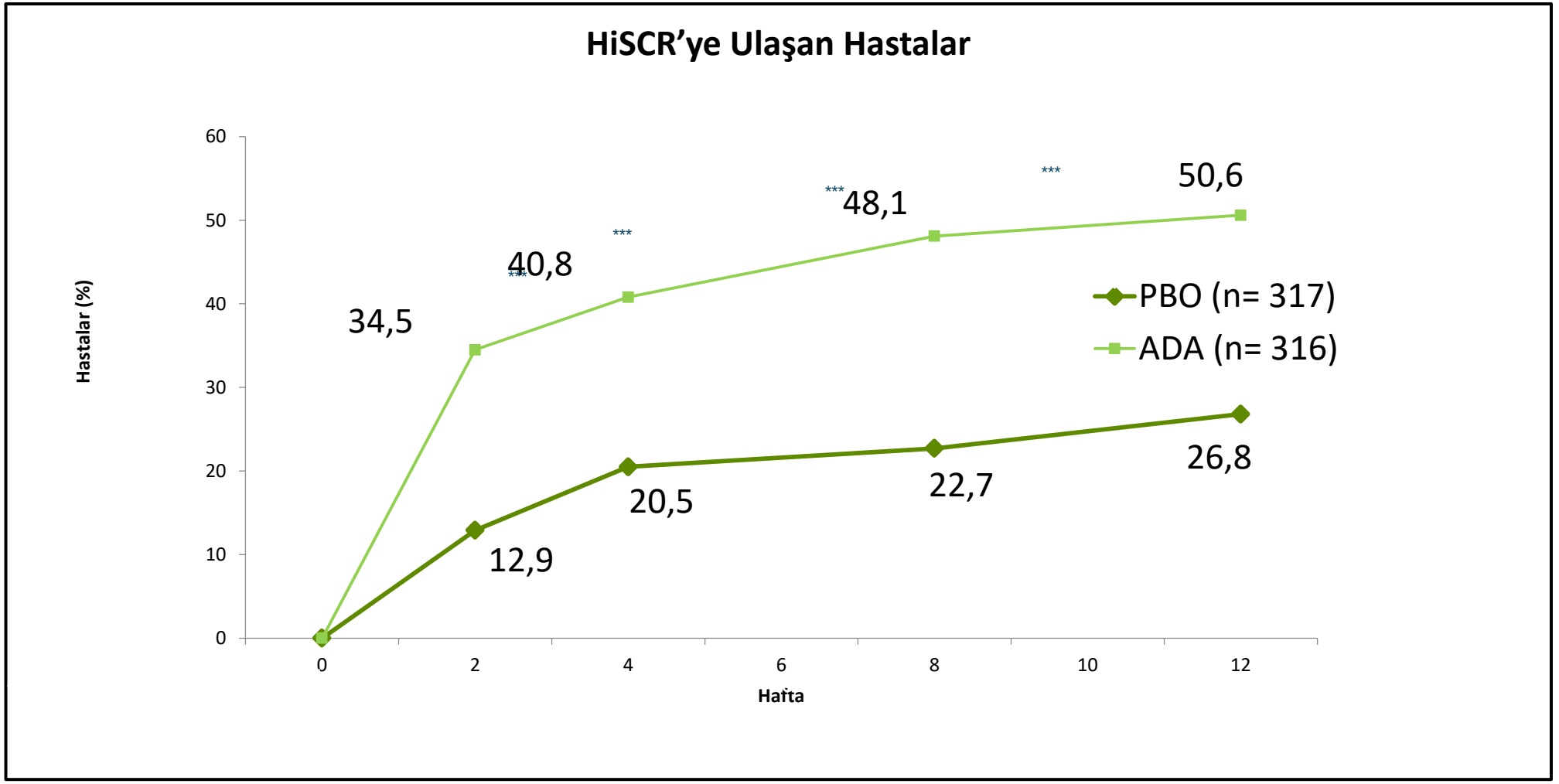
Biyolojikler

- Adalimumab
- İnfliksimab
- Etanersept
- Ustekinumab
- Anakinra
- Sekukinumab
- Guselkumab
- bimekizumab
- IVIG

Adalimumab

- 0.hft - 160 mg
- 2 hft - 80 mg
- 4. hft itibaren haftalık - 40 mg
- 16 hft içinde cevap alamazsan değiştir..
- Adalimumab, başarılı faz III çalışmalarının sonucunda orta ve ileri şiddet HS hastalarında onaylı ilk tedavi rejimidir.[1]

PIONEER I ve II: Etkililik



Infliximab

- infliximab 5 mg/kg 0-2-6-8
- Cevap %80-89;
  - 8 hft iyileşme başlıyor; 13-45 hft ≥ 50% iyilik
  - Relaps % 25; 37 hft sonra görülebiliyor
  - çalışma dizaynları onay için yeterli değil..
  - faz 3 çalışma

MEDICAL DERMATOLOGY

BJD
British Journal of Dermatology

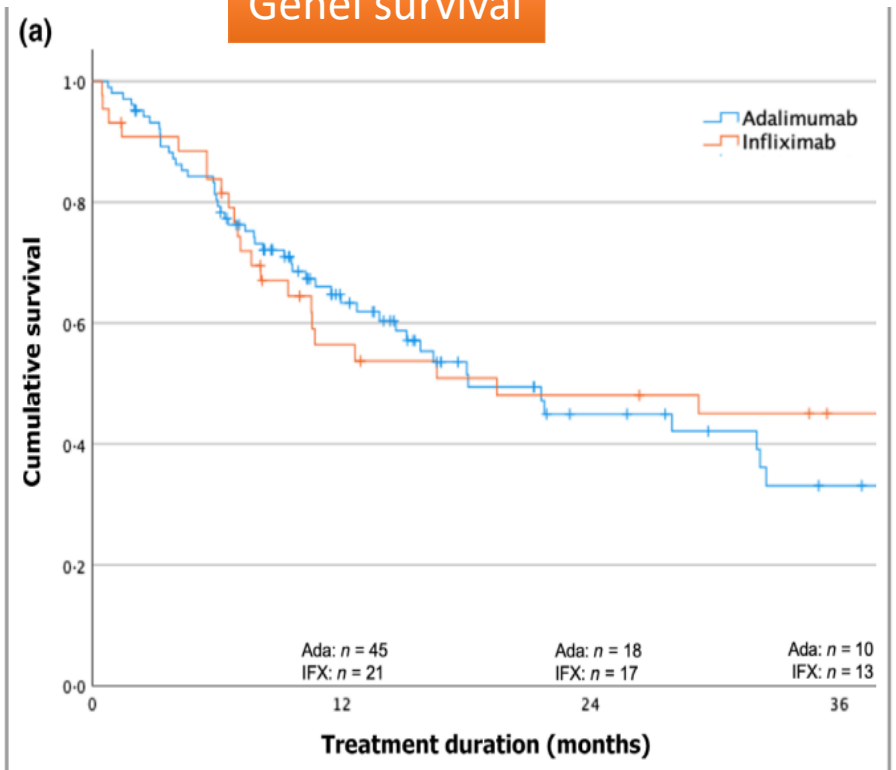
Adalimumab and infliximab survival in patients with hidradenitis suppurativa: a daily practice cohort study*

L.M. Prens[1] K. Bouwman,[1] P. Aarts,[2] S. Arends,[3] K.R. van Straalen,[2] K. Dudink,[2] B. Horváth[1] and E.P. Prens[2]

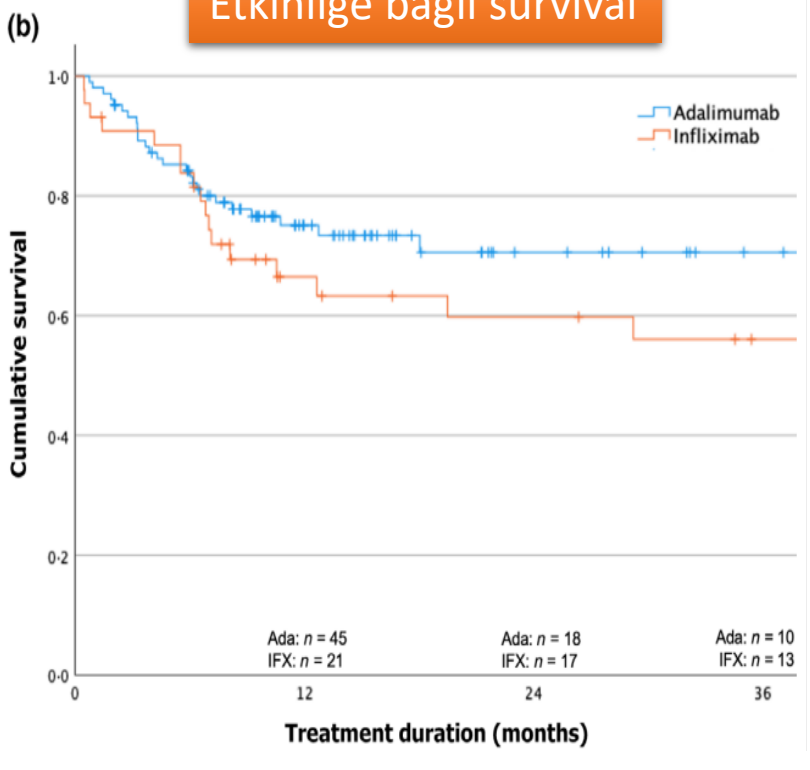
[1]Department of Dermatology, University of Groningen, University Medical Center Groningen, Groningen, the Netherlands
[2]Erasmus MC, University Medical Center Rotterdam, Department of Dermatology, Rotterdam, the Netherlands
[3]Department of Rheumatology and Clinical Immunology, University Medical Center Groningen, Groningen, the Netherlands

Linked Comment: R. Hambly and B. Kirby. *Br J Dermatol* 2021; **185**:16–17.

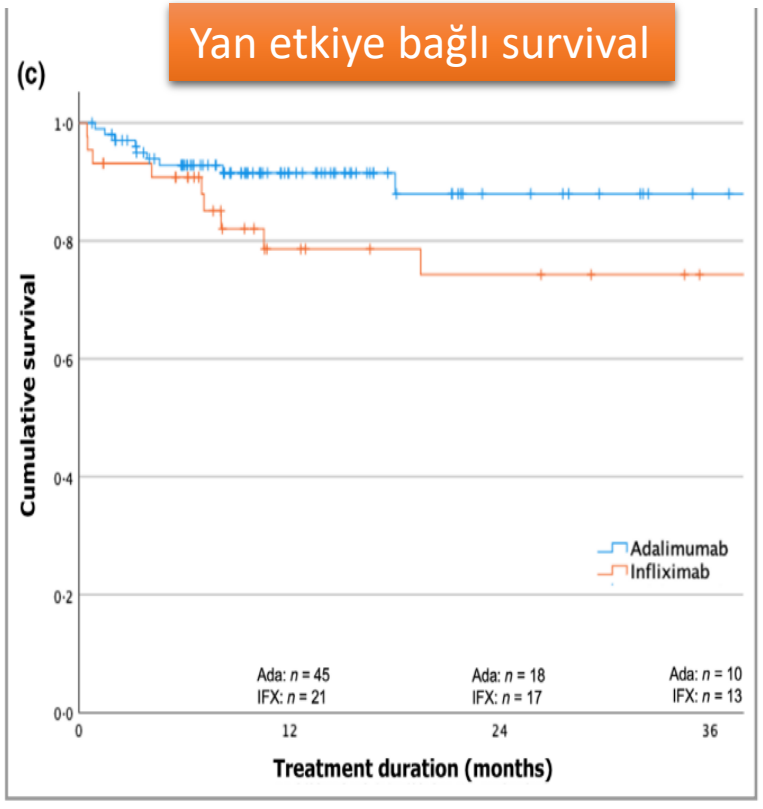
Genel survival



Etkinliğe bağlı survival



Yan etkiye bağlı survival

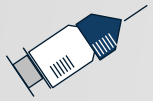


The SUNSHINE and SUNRISE Phase 3 Clinical Study Program

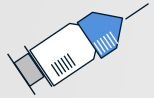
The largest Phase 3 trials conducted in HS to date

Phase 3

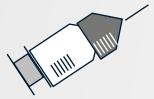
Two **randomized, double-blind, multicentre** studies assessing **short (16 weeks)** and **long-term (up to 1 year) efficacy, safety, and tolerability** of two s.c. **SEC** dose regimens in adult patients with **moderate to severe** HS



SEC 300 mg Q2W



SEC 300 mg Q4W

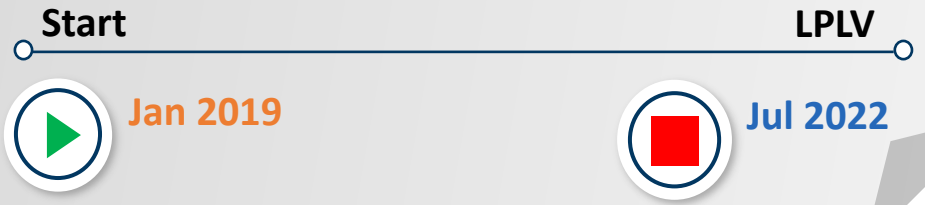


PBO

Study design

1,084* patients across **219†** sites **worldwide**

SUNSHINE (M2301), N=541 **SUNRISE (M2302),** N=543



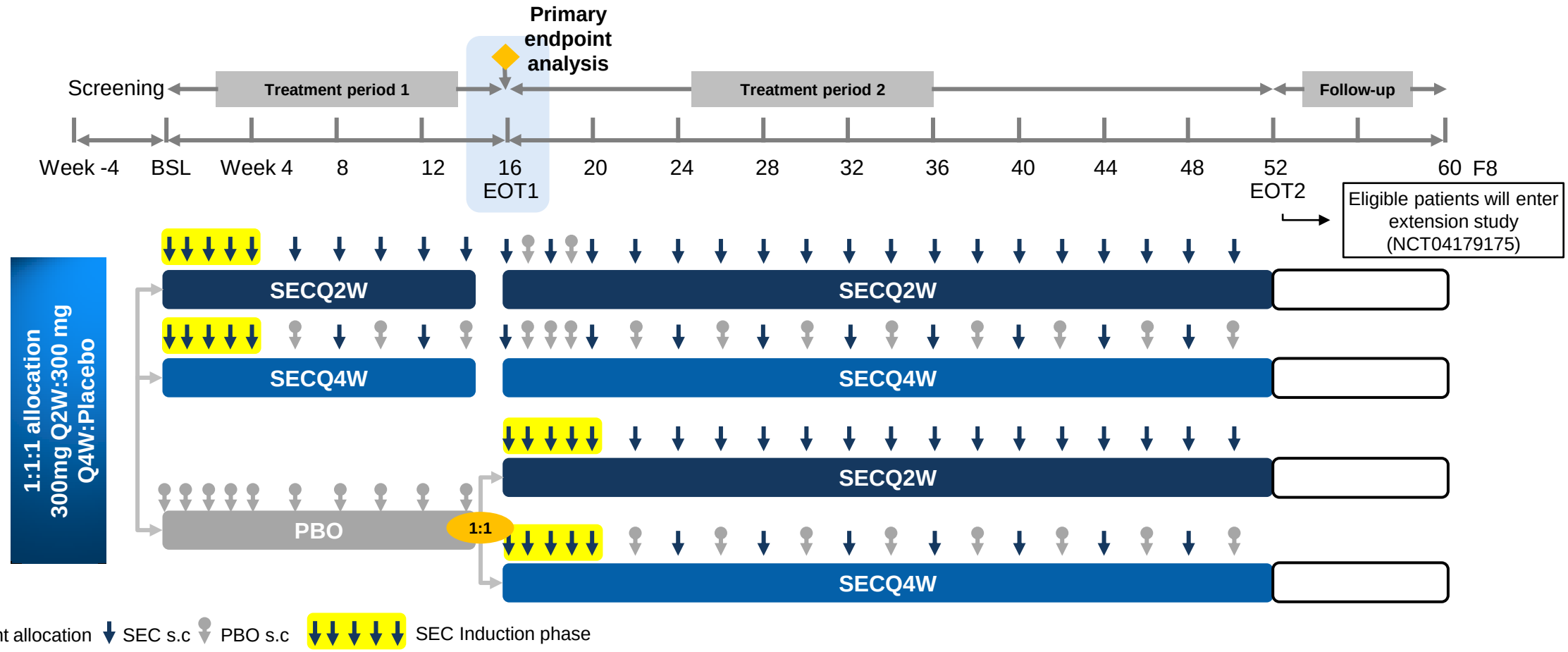
*patients randomized overall; †number of sites overall.

HS, hidradenitis suppurativa; LPLV, last patient last visit; N, number of patients; PBO, placebo; Q2W, every two weeks; Q4W, every four weeks; s.c, subcutaneous; SEC, secukinumab.

SUNSHINE and SUNRISE study design

Two identical Phase 3 trials

- Here, we present the **primary efficacy analysis (Week 16)** for SUNSHINE and SUNRISE

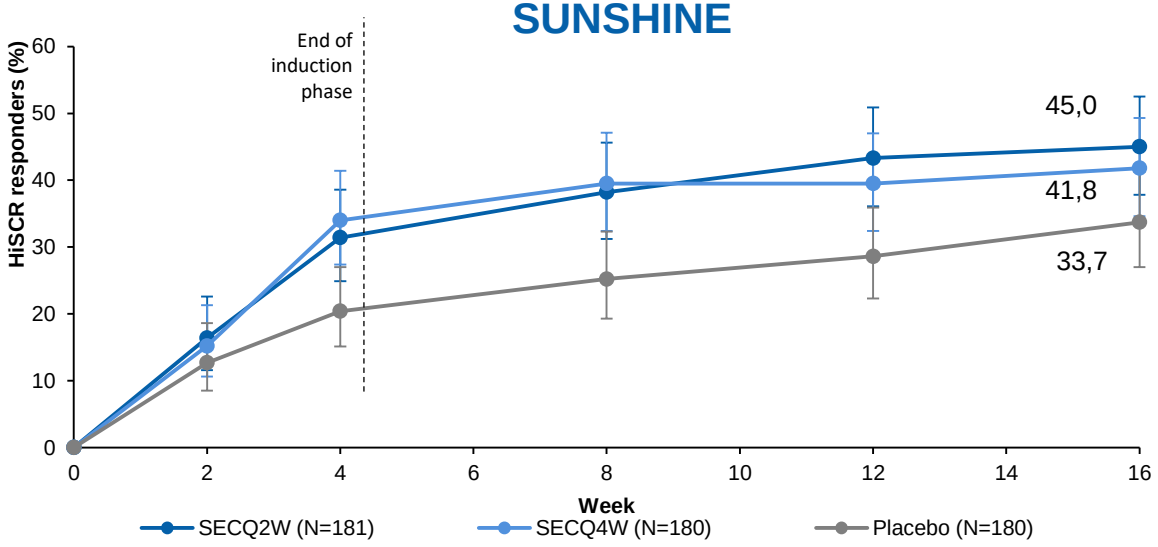


AN, abscess and inflammatory nodule; BSL, baseline; EOT1/EOT2: end of treatment period 1/2; F8, end of 8-week follow-up period; PBO, placebo; PRO, patient-reported outcome; Q2W, every two weeks; Q4W, every four weeks; s.c., subcutaneous; SEC, secukinumab 300 mg.

SUNSHINE and SUNRISE both met their primary endpoint (HiSCR)

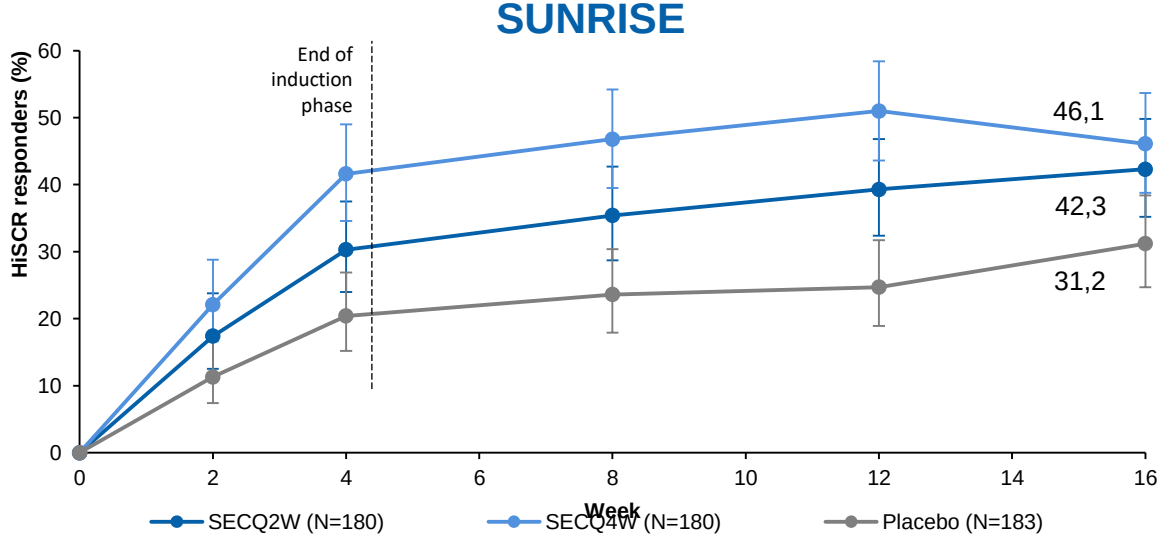
- In both studies, **greater response rates for secukinumab** compared to placebo were seen **at all time-points** from Week 2 to Week 16, with a rapid onset of action by Week 2
  - Clinical response (HiSCR) to secukinumab is in line with sustained and continued improvement up to 52 weeks of treatment*

SUNSHINE



SECQ2W Wk 16	SECQ4W Wk 16	Placebo Wk 16
45.0% (p=0.0070)	41.8% (p=0.0418)	33.7%

SUNRISE



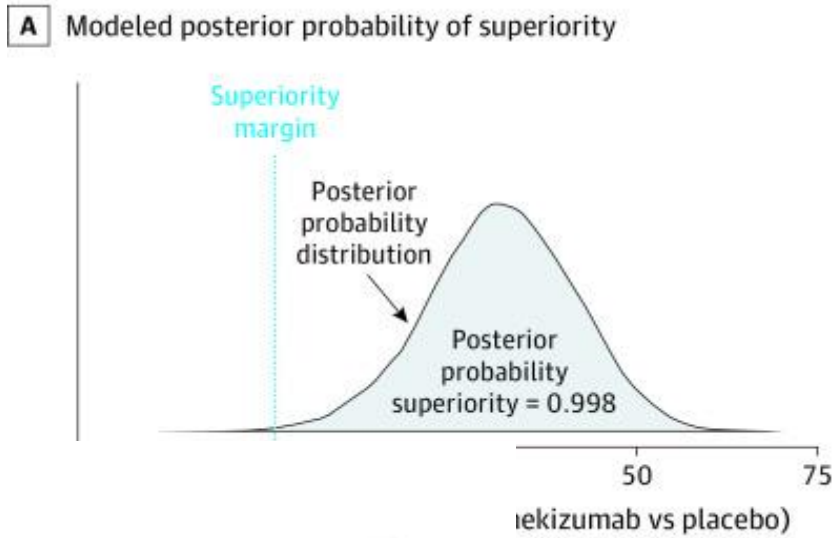
SECQ2W Wk 16	SECQ4W Wk 16	Placebo Wk 16
42.3% (p=0.0149)	46.1% (p=0.0022)	31.2%

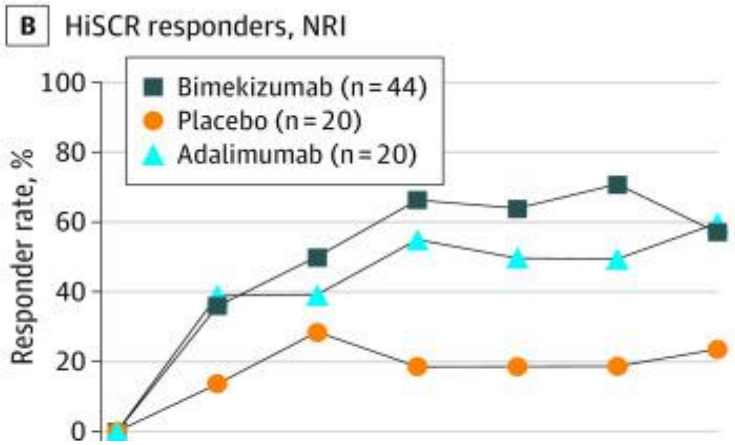
*Long term data are based on an interim analysis where 95% of patients completed or discontinued by Week 52.
One-sided nominal p-values are based on a logistic regression model, the primary estimand, and multiple imputation. Error bars represent 95% CIs.
Green represents statistical significance and red represents non-significance compared with placebo.
CI, confidence intervals; HiSCR, hidradenitis suppurativa clinical response; N, number of patients in group; Q2W, every two weeks; Q4W, every four weeks; SEC, secukinumab 300 mg; Wk, week.

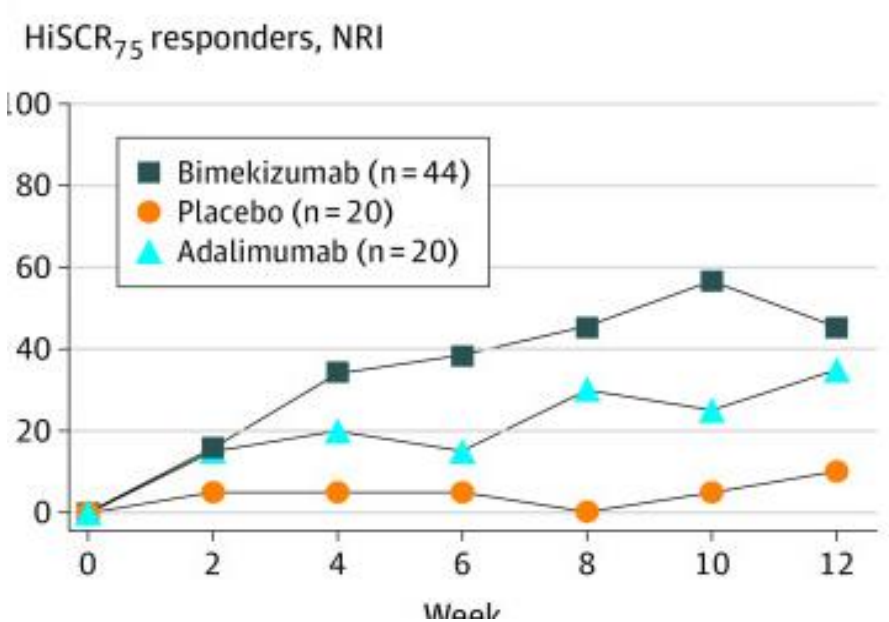
JAMA Dermatology | Original Investigation

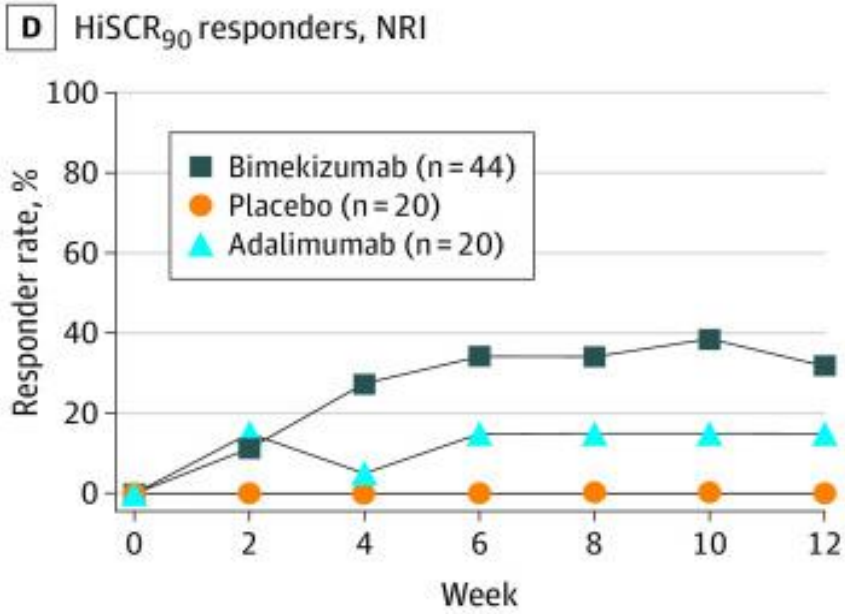
Efficacy and Safety of Bimekizumab in Moderate to Severe Hidradenitis Suppurativa

A Phase 2, Double-blind, Placebo-Controlled Randomized Clinical Trial









Biyolojikler

- Ustekinumab: Ustekinumab (0-4-16.haftalarda 45 mg sc enj. 1/3 hastada düzelme..
- Etanercept : etkisiz
- Anakinra: 8 haftada belirgin gerileme, 12. haftada HiSCR % 70
- Bermekimab (anti IL-1 alfa): devam ediyor
- Guselkumab: devam ediyor…
- Apremilast : devam ediyor
- IFX-1(anti c5a): devam ediyor
- JAK inh: devam ediyor
- IVIG: sınırlı etki anektodal

HS & Lazerler

- Lazerle hastalıklı dokunun uzaklaştırılması
  - CO_2 Lazer Eksizyon
  - CO_2 Lazer Vaporizasyon

Ib, A

- ✓ Epilasyon sağlayarak tedavi desteği
  - ✓ Nd:YAG Laser
  - ✓ Long-pulsed 755-nm Alexandrite Laser
  - ✓ Diode Laser (1450 nm)

Ib, A

  - ✓ Intense Pulsed Light

IV, D

Botilinium toksini

İzole HS vakalarında etkili

- Etki mekanızması bilinmiyor…
- Ter önleyici etkisinin veya pilosebaseöz unsurların fonksiyonunun azalması….
- Lezyonlara direkt enjeksiyon…
- Bazı vaka raporlarında başarılı, ancak büyük çalışmalar yok…

IV, D

Cerrahi Tedaviler

▪ Deroofing	IV D
▪ İnsizyon drenaj	III C
▪ Ekzizyon primer onarım	III C
▪ Eksiizyon sekonder iyileşme	II B
▪ Geniş eksizyon	II B
▪ Rekons Flep	I-II A,B
▪ STEEP	IV D

Ağrı Yönetimi

HS ağrı kaynakları değişebilir:

- –İnflamasyon – apseler, kronik sinuslar, granülomlar
- –Friksiyon
- –Skarlaşma ve hiperkeratözden dolayı gerilme ağrısı
- –Lenfödem
- –Artrit

- NSAİD
- Opiatlar

CONTROVERSIES

Medical therapy is the optimal treatment for hidradenitis suppurativa

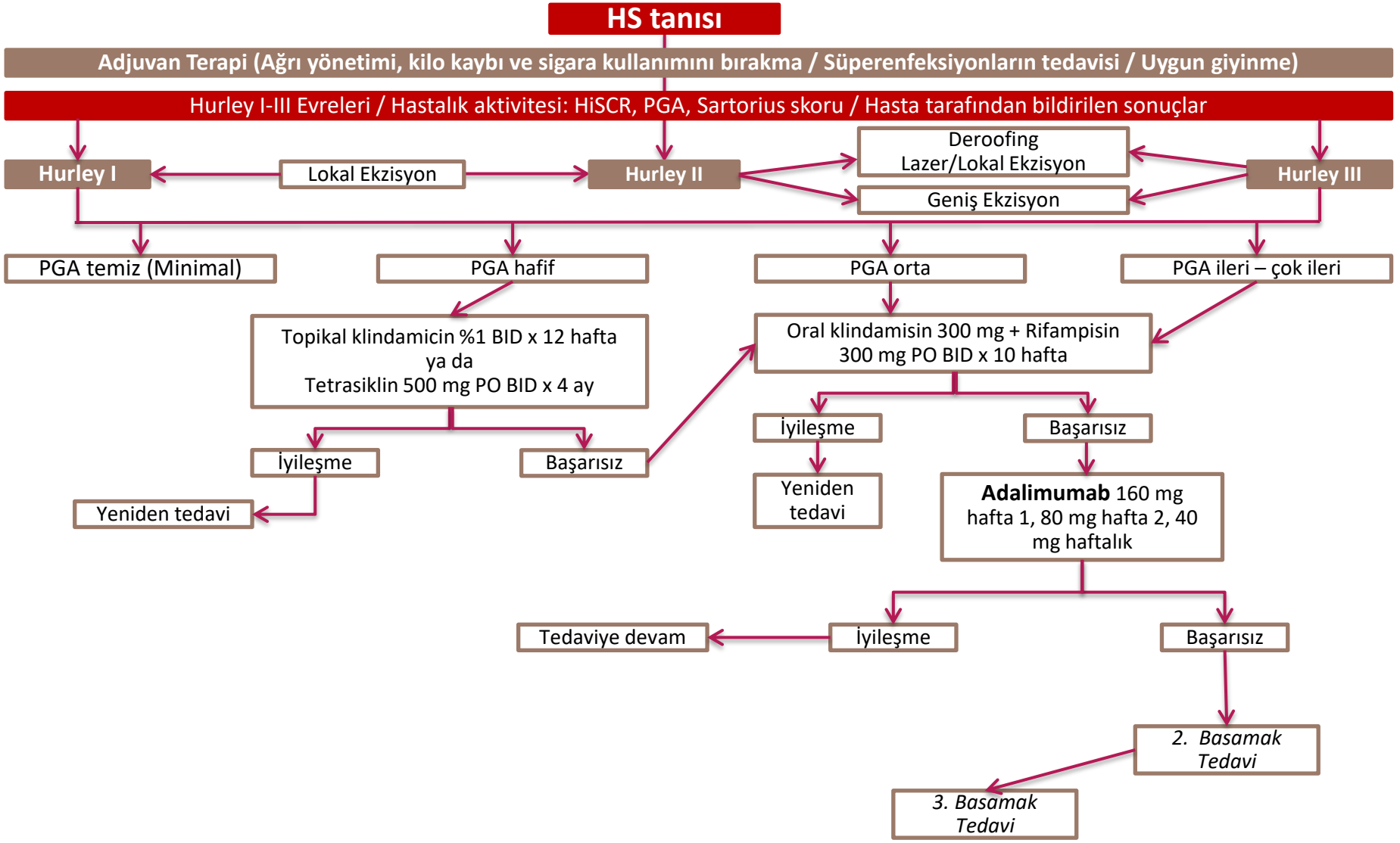
Steven Daveluy, MD
Detroit, Michigan

This article is part of a point-counterpoint series of controversies.

This scenario is similar to psoriasis, where it is only recently that the development of a wide treatment landscape with numerous very effective options has allowed us to make our treatment goal 1% of body surface area involvement or less. I am confident that, in time, medical therapy will provide us with the ability to control HS without surgical intervention

J AM ACAD DERMATOL SEPTEMBER 2020

Kanıta Dayalı HS Tedavi Algoritması - 2016



Gulliver W et al. *Rev Endocr Metab Disord*. doi:10.1007/s11154-016-9328-5

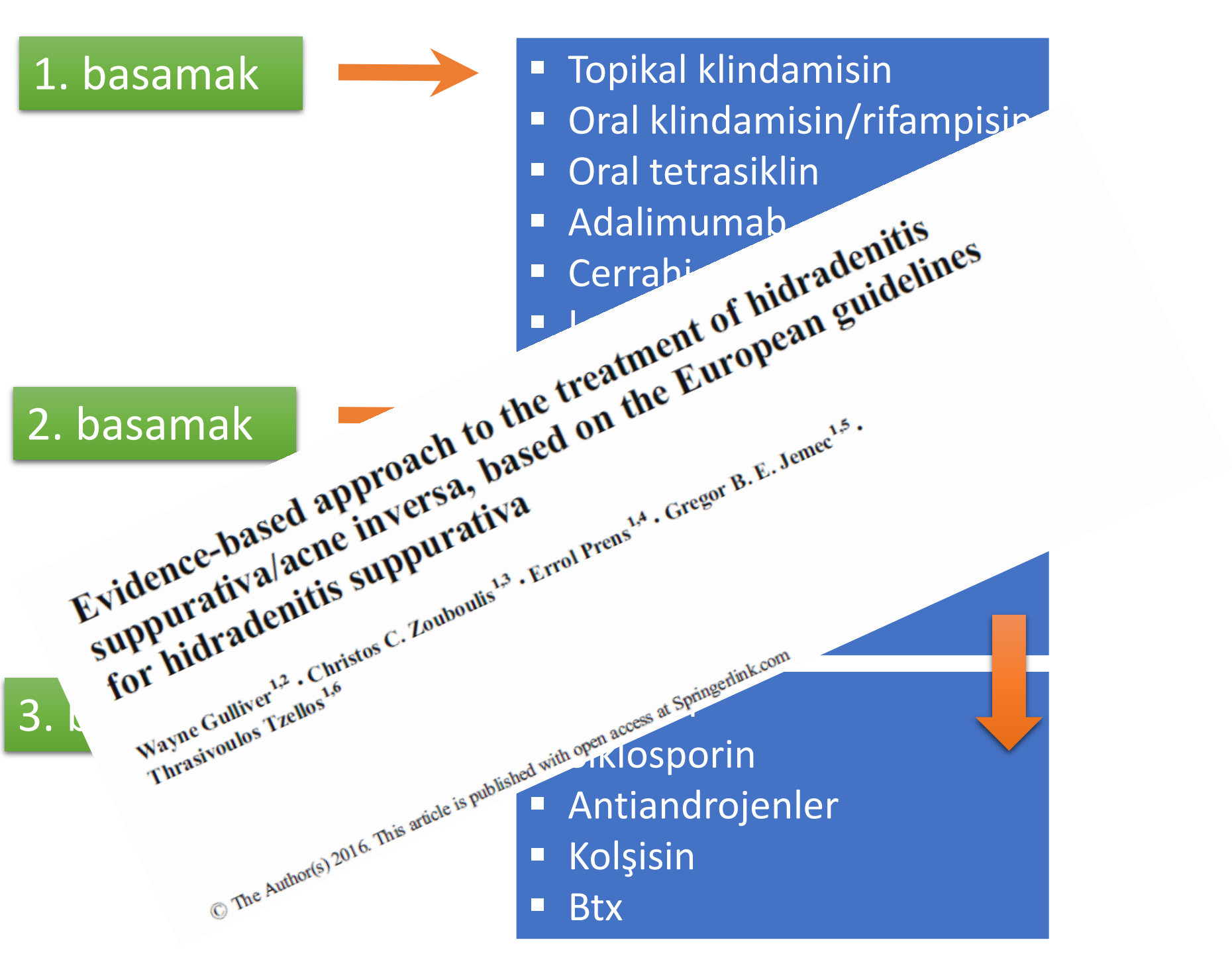
1. basamak

- Topikal klindamisin
- Oral klindamisin/rifampisin
- Oral tetrasiklin
- Adalimumab
- Cerrahi
- İ

2. basamak

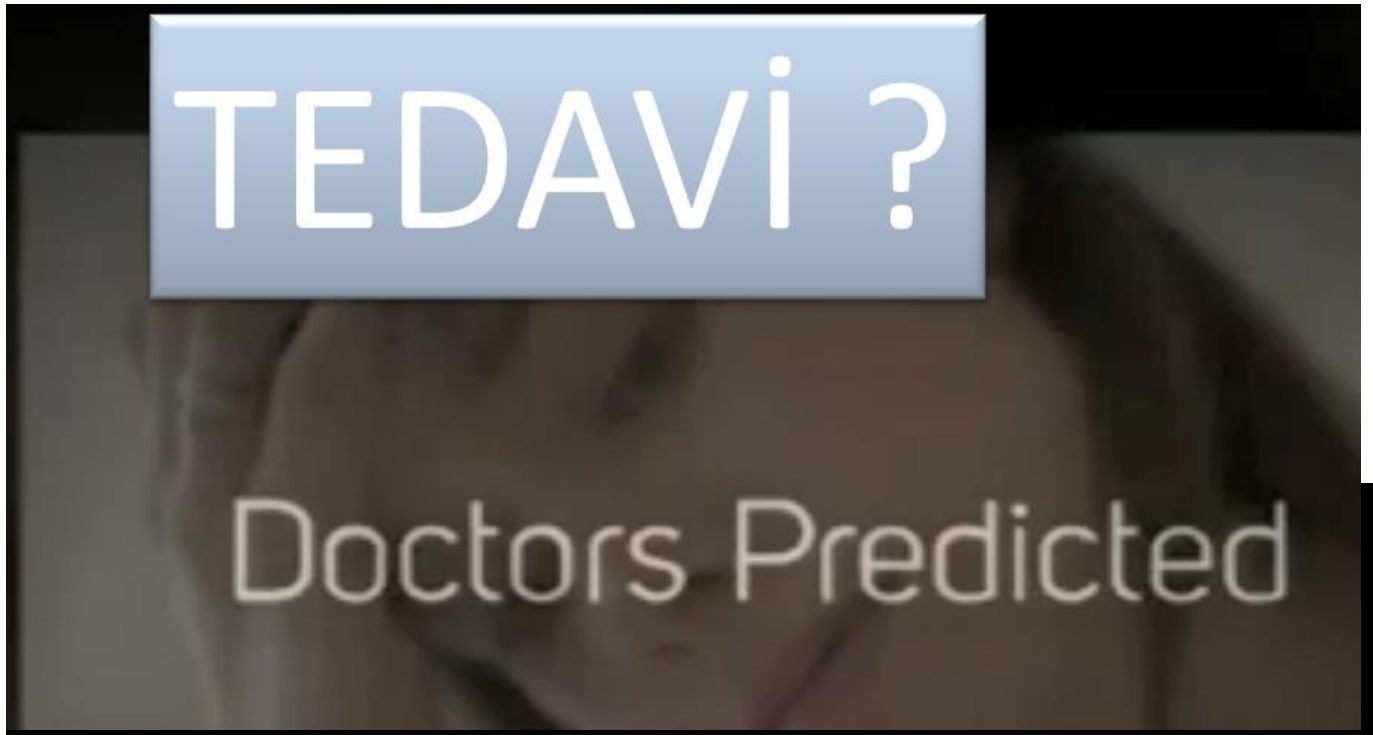
3. b

- Siklosporin
- Antiandrojenler
- Kolşisin
- Btx



Evidence-based approach to the treatment of hidradenitis suppurativa/acne inversa, based on the European guidelines for hidradenitis suppurativa

Wayne Gulliver[1,2] · Christos C. Zouboulis[1,3] · Errol Prens[1,4] · Gregor B. E. Jemec[1,5] · Thrasivoulos Tzellos[1,6]



But Contrary
To Their Prediction

I Would Never Cure
My Hidradenitis Suppurativa

TEDAVİ ?

I Cured HS Permanently
In Just 2 Months!

Orta- Şiddetli HS Olgularında

Şiddet

Topikal Klindamisin %1, 2x1, 3 ay
Tetrasiklin 500mgx2, 4 ay

Oral Klindamisin 300mg, 2x1
Rifampisin 600mg/gün
Ertapenem ?

Asitretin 25 mg/gün

Lazerler ?

Adalimumab; 160mg-0hft
80mg-2 hft

İnfliksimab 5mg/kg

Sekukinumab 300 mg 2-4 hf

?

TEŞEKKÜRLER...

İkzekizumab, bimekizumab, guselkumab, Jak-İ, anti IL-1, 36