

Hidradenitis suppurativa involves occlusion of hair follicles, which can cause rupture and inflammation in areas such as the axilla.



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Antiandrogen Tx Helps Hidradenitis Suppurativa

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WINNIPEG, MAN. — Antiandrogen therapy was significantly more effective than antibiotics or other treatments for hidradenitis suppurativa, according to a retrospective review of 64 female patients. Antiandrogen medications improved

symptoms in 16 (55%) of 29 patients, compared with symptom improvements in 6 (26%) of 23 patients treated with antibiotics, Dr. John Kraft reported at the annual conference of the Canadian Dermatology Association.

Intralesional corticosteroids seemed to provide initial symptomatic relief, but nothing that lasted, added Dr. Kraft of the department of dermatology at the University of Toronto.

None of three patients treated with isotretinoin showed improvements in hidradenitis suppurativa, as reported by patients and recorded by physicians in charts. The patients who failed isotretinoin therapy had excess androgen levels. Treatment with isotretinoin may be more effective if combined with antiandrogen therapy in these patients, Dr. Kraft suggested.

“Antiandrogen therapy should be considered, perhaps as a first-line option, in many patients who present with hidradenitis suppurativa,” he said.

The antiandrogen regimens that helped some patients included the oral contraceptive regimen Diane-35 (cyproterone acetate plus ethinyl estradiol), Diane-35 plus cyproterone acetate, cyproterone acetate alone, spironolactone alone, or cyproterone acetate plus spironolactone.

Four of the six patients who responded to antibiotics were treated with trimethoprim/sulfamethoxazole, and the other two patients responded to doxycycline therapy.

Hidradenitis suppurativa stems from occlusion of hair follicles, which results in rupture and inflammation of areas containing apocrine glands. The condition, which affects 1%-2% of the population, can be painful or uncomfortable.

The natural history of the condition and early observational studies suggested that androgens play a role in the problem, but more recent studies found no difference in androgen levels of females with or without hidradenitis suppurativa. Nevertheless, a previous randomized, controlled trial found that antiandrogen therapy improved symptoms of hidradenitis suppurativa.

In the study, androgen-related biochemical markers did not seem to be useful in predicting which patients might respond to antiandrogen therapy, Dr. Kraft said.

Among a subgroup of 21 patients who underwent hormonal testing during medical management, there were no differences in testosterone levels, the LH:FSH ratio, or insulin levels between patients who did or did not respond to antiandrogen therapy. Interestingly, eight (38%) of these patients met criteria for polycystic ovarian syndrome (PCOS) and were being followed by a gynecologist. That percentage is higher than the estimated 10% prevalence of PCOS in the general population.

Hidradenitis suppurativa may be more common in women with PCOS, Dr. Kraft suggested. Hormonal investigations might have a role in determining which patients with hidradenitis suppurativa have underlying metabolic disorders such as insulin resistance or metabolic syndrome, he added.

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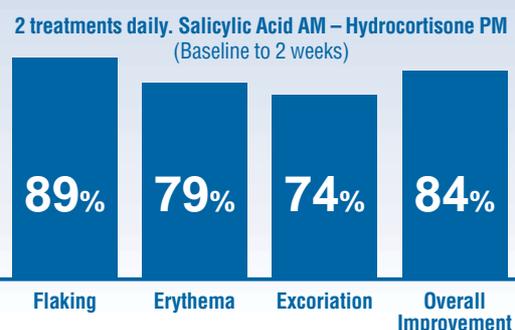


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