Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · DERMATOLOGY

Hidradenitis suppurativa

not boils, not poor hygiene, and not your fault

Hidradenitis suppurativa causes painful lumps, abscesses and tunnels in the armpits, groin, buttocks and under the breasts. It affects around one in a hundred people, and the average delay from first symptom to diagnosis is about seven years — usually spent being treated for recurrent boils with course after course of antibiotics.

Seek urgent assessment if there is

- **spreading redness, fever or feeling systemically unwell**
- an area that is **rapidly enlarging with severe pain** out of proportion
- a lesion that is **bleeding heavily** or will not stop discharging
- a **long-standing lesion that has changed**, hardened or ulcerated
- **inability to walk, sit or move the arm** because of pain

Long-standing hidradenitis carries a small risk of squamous cell carcinoma developing in chronic lesions, particularly in the buttocks and groin. Any lesion that changes character after years should be biopsied. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

This is why antibiotics keep failing

Hidradenitis is an **inflammatory condition of the hair follicle**, not a primary infection. Follicles block, rupture into the surrounding tissue and provoke intense inflammation; bacteria are secondary. That is why each antibiotic course helps briefly and the lumps return, why washing more makes no difference, and why the condition needs anti-inflammatory treatment rather than repeated infection treatment. If you have been given flucloxacillin four or five times for 'boils' in the same place, the diagnosis is probably this.

Recognising it

- painful lumps in the **armpits, groin, inner thighs, buttocks, under the breasts** — areas where skin rubs
- lesions that **recur in the same places**, often before periods

- **tunnels (sinus tracts)** under the skin that discharge fluid or pus, sometimes connecting lesions
- **rope-like scarring**, and double-headed blackheads
- usually begins after puberty, most often in the twenties, and is more common in women

The Hurley stages

Stage I

isolated lumps, no tunnels or scarring

Stage II

recurrent lesions with tunnels and scarring

Stage III

widespread interconnected tunnels

What genuinely helps

- **Stopping smoking.** The strongest modifiable factor by a distance — smoking is associated with more severe disease and poorer treatment response.
- **Weight loss** where relevant, which reduces friction and inflammation.
- **Antiseptic washes** such as chlorhexidine, and loose non-friction clothing.
- **Topical clindamycin** for mild disease.
- **Oral tetracyclines** for three months, or combination antibiotics for more severe disease — used for their anti-inflammatory effect, not as infection treatment.
- **Hormonal treatment** — the combined pill or spironolactone — where flares are clearly cyclical.
- **Metformin**, which helps some people, particularly with insulin resistance.
- **Biologic injections** for moderate to severe disease. These have transformed outcomes and are the reason getting a proper diagnosis matters.
- **Intralesional steroid injection** settles an individual painful lesion quickly.

Surgery

Simple incision and drainage relieves pain but the lesion reliably recurs, because the tunnel remains. **Deroofing** — opening a tunnel and leaving it to heal from the base — is a small procedure with a much lower recurrence rate and is under-used. Wide excision is used for extensive disease. Laser hair removal reduces new lesions in some people.

What else to check

Hidradenitis is associated with metabolic syndrome, type 2 diabetes, polycystic ovary syndrome, inflammatory bowel disease and spondyloarthritis. It also carries a substantial burden of depression and anxiety — chronic pain, odour, discharge and the sites involved make it isolating, and that deserves treating alongside.

> **Why come to us.** The single most valuable thing here is a diagnosis, and it takes one appointment. Our dermatology team can confirm it, stage it, prescribe the anti-inflammatory antibiotic and hormonal regimens that actually work, inject painful lesions in clinic, and screen for the associated conditions with **bloods taken in-house**. Where biologics or surgery are needed we refer promptly. Appointments are unhurried and discreet, seven days a week.

A diagnosis, after years of being told they are boils

Dermatology and minor surgery on site, discreet appointments seven days a week.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
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In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Dermatology** · **Minor Surgery** · **Blood Tests** · **Medical Aesthetics** · **All patient leaflets**

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This leaflet is based on current NHS, NICE CKS and British Association of Dermatologists guidance on hidradenitis suppurativa. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.