

LETTER

Moderate-to-severe hidradenitis suppurativa under systemic therapy during the COVID-19 outbreak

Dear Editor,

The "severe acute respiratory syndrome coronavirus 2" (SARS-CoV-2) has spread over the four continents, causing the respiratory manifestations of coronavirus disease-19 (COVID-19) and satisfying the epidemiological criteria for a pandemic¹: Northern Italy has been one of the most affected areas in Europe.

The highest number of deaths occurred in the Northern Italian regions, that is, Lombardy, Emilia-Romagna, Veneto, and Piedmont. In this context, many doubts have been raised about severe diseases² under systemic treatment like hidradenitis suppurativa (HS). The treatment of HS has remained challenging because of the many knowledge gaps regarding etiology.³

We performed a retrospective observational analysis of the moderate and severe HS patients under systemic treatment (n = 96) in the Dermatology Department of the Turin University Hospital (the capital of the Piedmont region). Out of them, 12.5% were in Hurley I at diagnosis, 74% in Hurley II, and 13.5% in Hurley III.

During the pandemic, the median age of the cohort was 35 years old. Concerning the ongoing treatment in the pandemic, 30.2% were under systemic treatment with antibiotics, 8.3% under retinoid, 47.9% under adalimumab, 11.5% under secukinumab, and 2.1% under apremilast.

Cardiovascular comorbidities were reported in 9.4% of patients while metabolic syndrome was reported in 14.6% of patients; 53.1% were current smokers.

We contacted all the patients through mail or phone call, who maintained the ongoing therapy at the start of the pandemic.

There were no cases of death from COVID-related disease in our study population or patients hospitalized for COVID-related interstitial pneumonia.

There is uncertainty concerning the outcome of COVID-19 infection in patients with HS treatment who are receiving systemic therapies. Indeed, it is largely debated whether biologics should be interrupted to prevent severe complications of the COVID-19 infection such as interstitial pneumonia.^{4,5}

Although HS patients are generally burdened by metabolic and cardiovascular comorbidities and, above all, treated with antibiotic/immunosuppressive/immunomodulating agents, there were no cases of hospitalization or deaths from COVID-19. No patient has reported any symptoms suggesting COVID-19 infection.

We acknowledge the limitations of this retrospective observational study including the absence of serological or molecular investigations to confirm the absence of contact with COVID-19. However, the objective of the study was not to investigate the incidence of the

COVID-19 infection in patients with HS, but to report the occurrence of hospitalization and death, as indicators of severe outcomes related to the COVID-19 infection in a population at higher risk due to many comorbidities despite the younger age.

Concluding the treatment for HS according to guidelines, it should not be interrupted under the COVID-19. Physicians have to reduce the access of HS patients to hospital as much as possible, favoring telemedicine.

CONFLICT OF INTEREST

The authors declare no potential conflict of interest.

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