

Supplementary Online Content

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This supplementary material has been provided by the authors to give readers additional information about their work.

eTable 1: Antibiotics

<i>Source</i>	<i>Quality of Evidence</i>	<i>N</i>	<i>Intervention</i>	<i>Results</i>
Soria et al, ¹⁰ 2009	B	358	Oral isotretinoin dose, mean 7.8 months treatment	Indeterminate. 16.1% improvement, 77% no effect, 6.9% worsening
Van der Zee et al, ⁸ 2009	B	34	Rifampin + clindamycin, different dosing regimens	Favorable. 82% at least partial improvement, 47% total remission. Following total remission 61% relapsed after 5 months
Gener et al, ⁶ 2009	B	116	300mg rifampin BID + 300mg clindamycin BID X 10 weeks	Favorable. Significant improvement in disease activity. Median Sartorius score before treatment =29, after treatment =14.5 (p<0.001)
Jemec et al, ¹³ 1998	B	46	Topical clindamycin versus systemic tetracycline	No improvement. No significant difference between the two treatments
Boer et al, ⁹ 1999	B	68	Low dose isotretinoin for 4-6 months	Indeterminate. Isotretinoin monotherapy has limited therapeutic effect. Complete clearance during initial therapy in 16 patients (23.5%). 11 patients (16.2%) maintained their improvement during the follow-up period
Kraft et al, ¹² 2007	B	64	Antibiotic versus anti-androgen therapy	Favorable. Anti-androgen therapy was superior to oral antibiotic therapy (55% vs. 26%) based on a two-sided, t-test statistic (p<0.04)
			300mg rifampin BID + 300mg	Favorable. 8 remissions on clindamycin/rifampin, 2 remissions

<i>Source</i>	<i>Quality of Evidence</i>	<i>N</i>	<i>Intervention</i>	<i>Results</i>
Grant et al, ²⁰ 2010	A	38	Infliximab	Favorable. More patients in the Infliximab than in the placebo group showed a 50% or greater decrease from baseline Hidradenitis Suppurativa Severity Index(HSSI) score (p<0.001)
Adams et al, ²¹ 2010	A	20	Etanercept	No improvement. No statistically significant difference among physician global assessment, patient global assessment, and Dermatology Life Quality Index at 12 or 24 weeks between treatment and placebo groups (p>0.05)
Amano et al, ²⁸ 2010	B	10	Adalimumab	No improvement. The median baseline HSSI score was 17.0, decreased to 14.5 after 12 weeks of treatment (p=0.40)
Lasocki et al, ⁷² 2010	C	4	Infliximab	Favorable.
Sotiriou et al, ²⁶ 2009	C	4	Etanercept	Favorable
Pelekanou et al, ²² 2009	C	10	Etanercept	Indeterminate
Lee et al, ²³ 2009	C	15	Etanercept	Indeterminate
Mekkes et al, ¹⁸ 2008	C	10	Infliximab	Favorable

eTable 2: Biologics

eTable 3: Laser Surgery

<i>Source</i>	<i>Quality of Evidence</i>	<i>N</i>	<i>Intervention</i>	<i>Results</i>
Tierney et al, ³³ 2009	A	2 2	Monthly Nd:YAG laser sessions (3 total sessions)	Favorable. Improvement in HS Lesion, Area, and Severity Index scores from baseline to month 3 at treated sites p<0.001. No significant change from baseline to month 3 at untreated control sites (p=0.08)
Hazen et al, ³² 2010	B	6 1	CO ₂ laser excision with healing by secondary intention	Favorable. 183 of 185 of treated sites had no recurrence. Range of follow up: 1-19 years
Lapins et al, ³ 2002	B	3 4	CO ₂ laser surgery	Favorable. 30 of 34 patients no recurrences in treated areas. Mean follow up: 27 months, range: 15-47 months
Lapins et al, ² 1994	B	2 4	CO ₂ laser surgery	Favorable. 22 of 24 patients no recurrences in treated areas. Mean follow up: 34.5 months, range: 7-87 months
Madan et al, ³¹ 2008	C	9	CO ₂ laser excision with healing by primary intention	Favorable. 7 of 9 patients complete remission \geq 12 months after treatment
Finley et al, ³⁰ 1996	C	7	CO ₂ laser excision with healing by secondary intention	Favorable. 1 of 7 patients had recurrence along margin of surgical scar. Range of follow up: 10-27 months

eTable 4: Excisional Surgery

<i>Source</i>	<i>Quality of Evidence</i>	<i>N</i>	<i>Intervention</i>	<i>Results</i>
Buimer et al, ³⁴ 2008	A	200	Excision and primary closure with gentamicin-collagen sponge (GCS) or primary closure (PC) without GCS sponge	Favorable. 59% pts with GCS had no complications after 1 wk, vs. 47% w/o GCS (p=0.03). Mean duration of wound healing 21days in GCS group vs. 24 days in PC (p=0.078). No influence on recurrence rate after 3 months (p=0.14)
Van der Zee et al, ³⁵ 2010	B	44	Deroofing of lesion	Favorable. 83% of lesions did not show recurrence after median of 34 months. 17% of lesions recurred after median of 4.6 months
Bieniek et al, ⁴⁰ 2010	B	118	Local excision of involved tissue	Favorable. 3 months post op 77.2% showed good tolerance and 1 patient reported unsatisfactory tolerance. At 2 year follow up period 59.7% had complete recovery, 31.6% partial recovery, 8.8% no improvement
Bohn et al, ³⁶ 2001	B	138	Radical excision	Favorable. No serious complications. In 38 patients (33%) the disease recurred to some degree, 14 of them required further operation. 83% of pts would recommend procedure to other pts. Postoperative follow-up range: 3 months- 21 years
				Favorable. Overall complication rate 17.8%. Median postoperative follow-up time: 36

eTable 5: Miscellaneous

<i>Source</i>	<i>Quality of Evidence</i>	<i>N</i>	<i>Intervention</i>	<i>Results</i>
Boer et al, ⁶⁴ 2010	C	12	Acitretin	Favorable
Boer et al, ⁶³ 2010	C	12	Topical 15% resorcinol	Favorable
Brocard et al, ⁶² 2007	C	22	90 mg of zinc gluconate per day	Favorable
Strauss et al, ⁶⁰ 2005	C	5	ALA-PDT	No improvement
Joseph et al, ⁶¹ 2005	C	7	Finasteride (5 α reductase inhibitor)	Favorable
Gold et al, ⁵⁹ 2004	C	4	ALA-PDT	Favorable
Bong et al, ⁵⁸ 2003	C	10	Cryotherapy	Indeterminate