

## Hurley stage 1 or mild Hurley stage II disease

### Topical Treatment

Drug	Dose	Duration	+/- Notes
<b>1st choice options for Adults and Children</b>			
Clindamycin (Dalacin T®) lotion 10mg/ml	Apply thinly to affected areas every 12 hours	Assess response after 6 months	Apply after thorough cleansing. Counsel patient that this product may cause stinging.

### Oral Treatment indicated for papules or nodules

Drug	Dose	Duration	+/- Notes
<b>1st choice options for adults</b>			
Lymecycline	408mg every 24 hours	Assess response after 12 weeks. Consider treatment break to assess need for ongoing therapy & to limit risk of antimicrobial resistance.	<ul style="list-style-type: none"> <li>Avoid in Pregnancy &amp; consider contraception in women of child bearing age.</li> <li>Each capsule contains 408mg Lymecycline equivalent to 300mg of tetracycline® base (tetralysal 300mg).</li> </ul>
<p><b>Please Note:</b></p> <p><b>Minocycline may be initiated in secondary care and if transcribing prescription</b> advise patient of and monitor for abnormal LFT's, irreversible cutaneous pigmentation and reversible drug induced lupus. Minocycline can cause a blue-grey discolouration of inflamed skin.</p>			

### Hurley Stage III: Severe Inflammatory flares

Rifampicin 300mg every 12 hours and clindamycin 300mg every 12 hours may be initiated in secondary care by a Consultant Dermatologist and if transcribing prescription please note that rifampicin is an enzyme inducer, refer to [interaction table](#) and refer to [HPRA](#). Please note that rifampicin is never prescribed as monotherapy.

### Treatment of acute abscesses

Drug	Dose	Duration	+/- Notes
<b>1st choice option for adults</b>			
Flucloxacillin	500mg every 6 hours	7 days	Should be taken at least 1 hour before or 2 hours after meals.
<b>2nd choice options</b>			
Cefalexin	500mg every 12 hours	7 days	

**Children: 1<sup>st</sup> Choice Option**

Flucloxacillin

[See Flucloxacillin dosing for children](#)

7 days

Adalimumab (Humira) is licensed for the treatment of severe Hidradenitis suppurativa initiated by a Consultant Dermatologist. The regimen is a higher loading dose and more frequent maintenance dose than in psoriasis.