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Management of patients with hidradenitis suppurativa during COVID-19 vaccination: An experience from Southern Italy

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Dear Editor,

COVID-19 vaccinations represented one of the most important tools to fight the ongoing COVID-19 pandemic¹. However, since the start of vaccination campaigns, several concerns about possible adverse reactions were raised, particularly in patients suffering from inflammatory skin diseases, such as psoriasis, and hidradenitis suppurativa (HS).²

In this contest, we read with great interest the article by Pakhchanian H et al³. entitled “Evaluating the safety and efficacy of COVID-19 vaccination in patients with hidradenitis suppurativa”, evaluating the risk of adverse reactions in patients suffering from HS. Particularly, the authors reported the results of a retrospective cohort study based on multicenter research network (TriNetX, Cambridge, MA, USA), comparing two groups, a group of patients affected by HS, and a control group. Interestingly, the authors showed that HS patients did not have a higher risk of vaccine-related adverse events.

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Herein, we report data from our center at the University of Naples Federico II, about HS patients undergoing COVID-19 vaccinations. Particularly, patients referring at our outpatient clinic suffering from HS patients were consecutively enrolled in the study. For each patient the following data were recorded: i) demographic data ii) HS history and treatment; iii) data about COVID-19 vaccinations, and eventual adverse events correlated to vaccination. A total of 200 patients (M/F 92/108), with a mean age of 39.6 ± 6.5 years, were consecutively enrolled in the study. The mean duration of HS was 8.2 ± 4.3 years. As regard ongoing HS treatment, 168 patients (84%) were treated with adalimumab, while the rest were treated with topical and/or systemic antibiotics (rifampicin and clindamycin). Twelve patients (6%) did not complete the vaccination for personal reason, while most patients (94% $n=188$) fully completed COVID-19 vaccination cycles (I, II, and booster doses), without reporting any adverse reactions.⁴

Hence our data suggest that the risk of COVID-19 vaccination adverse events was not higher in HS patients, even in those treated with biologic drugs (adalimumab).

We recently published a case series of patients affected by HS with worsening HS following COVID-19 vaccination.⁵ However, these reported exacerbations after COVID-19 vaccination, did not represent a contraindication for the second or third dose, so patients continued their treatments, and exacerbations were easily managed with antibiotic treatment and/or intralesional steroids.⁵

The correlation between the worsening of manifestations and COVID-19 vaccination is still a matter of study, however, it has been shown that COVID-19 vaccine can inhibit the T helper 2 cell pathway and at the same time promote the T helper 1 cell pathway⁶, which could explain this correlation.

In line with the authors, our data suggest that the underlying therapy or comorbidities of HS patients are not a contraindication to vaccination and that vaccination although it may bring rare adverse events should be considered safe and effective.

In conclusion, we believe that although COVID-19 pandemic,⁷ and the beginning of the vaccination campaign, raised several problems in the management of chronic skin disease, COVID-19

vaccination should be encouraged in HS patients in order to reach an always increased rate of population immunized against Sars-Cov-2 virus.^{8,9}

The increasing data available from literature are certainly improving our knowledge about adverse events related to COVID-19 vaccinations, leading physicians being aware of eventual adverse events, and diseases exacerbations after these relatively novel vaccinations. Hence, we believe that to reach widely approved guidelines and management of these reactions, more studies from different referral centers are needed to confirm our data and to investigate and correlate the possible post vaccination adverse events to patients and diseases features.

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