Female sex and white race are associated with Hidradenitis Suppurativa
diagnostic delay
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Background: Although Hidradenitis Suppurativa (HS) is a chronic, inflammatory skin disease estimated to be 1% prevalence of 1%, the time from onset of symptoms to diagnosis-testing delay is 7 years on average. Late diagnosis may delay disease course-altering treatments and comorbidity management. We aimed to determine if demographic characteristics such as race, gender, median income, and access to dermatologists are associated with HS diagnostic delay.

Methods: We conducted a single-center study of patients treated in an HS specialty clinic and included those who met HS diagnostic criteria, provided demographic characteristics and history. Data were summarized using medians and interquartile ranges (IQR) for continuous variables, and frequencies and counts for categorical variables. We used Spearman correlation to examine the relationship between diagnostic delay and continuous variables, and Wilcoxon rank sum tests to compare delay time with categorical variables.

Results: Of 221 eligible HS patients, the majority were female (73%) and Black 23%. Asian patients were least included. The median age of onset was 19 years (14, 26). Median diagnostic delay was 4 years (1, 10). Younger age at symptom onset correlated with a longer diagnostic delay (p = 0.001). Female patients had longer diagnostic delay compared to males (6 years (1, 13) vs. 2 years (0, 6), p = 0.01). White patients had longer median diagnostic delay compared to patients of other racial and ethnic backgrounds combined (5 years (2, 14) vs. 3 years (0, 8), p = 0.004). We found no significant correlation between diagnostic delay and either individual or household income.

Conclusion: This study identifies demographic characteristics that may be associated with diagnostic delay in HS, including female sex, white race and younger age. Additional cohorts are needed to better understand the relationship between demographic characteristics and HS diagnostic time.