Suitability of clinical workflows for automation

ABSTRACT | Patient Population Research

Introduction: Data regarding changes in hidradenitis suppurativa (HS) disease course during pregnancy is mixed. We performed a systematic review and meta-analysis to examine whether HS improves, worsens, or remains unchanged during pregnancy. Methods: A systematic review was performed using information from 64,338 patients in HS databases. Two random effects meta-analyses were performed to assess (1) HS worsening, deterioration, exacerbation, flare, trigger, amelioration, improvement, remission, whether HS improves, worsens, or remains unchanged during pregnancy. Results: A total of 2253 articles were identified. Inclusion criteria were as follows: English language, human studies, original research, more than 5 study patients, and relevant to topic of HS and pregnancy. Two random effects meta-analyses were performed to assess (1) HS improvement and (2) HS worsening during pregnancy, heterogeneity was assessed using I² index. Results: Eight articles (6 cross-sectional, 1 case-control, and 1 retrospective cohort study) met inclusion criteria. Of the 672 total cases, HS improved in 185 (28% overall) across studies, this varied from 0% to 83%. Meta-analysis pooling data showed HS improvement rate as 0.24 (95% CI, 0.13-0.40). HS worsened in 205 cases (31% overall); this varied from 0% to 62%. Meta-analysis pooling data showed HS worsening rate as 0.20 (95% CI, 0.11-0.34). A significant amount of heterogeneity between studies was noted in both meta-analyses (I²=92% and I²=91%, respectively). Discussion/Conclusion: While a quarter of women with HS may experience improvement during pregnancy, the majority of women have stable or worsened disease course. HS patients should maintain close dermatology follow-up during pregnancy, and strong collaboration between dermatologists and obstetricians is needed.