Clindamycin and rifampicin combination therapy for hidradenitis suppurativa
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Summary

Background Hidradenitis suppurativa (HS) is a chronic inflammatory condition affecting apocrine gland-bearing areas of the skin. There is currently no satisfactory treatment.

Objectives To assess the efficacy of a 10-week course of combination clindamycin 300 mg twice daily and rifampicin 300 mg twice daily in the treatment of HS.

Methods Patients who had received combination therapy with clindamycin and rifampicin for HS at one U.K. Dermatology Centre between the years 1998 and 2003 were identified from pharmacy records. Their records were analysed retrospectively.

Results Fourteen patients with HS had received treatment with combination therapy. Eight of these patients achieved remission and a further two achieved remission when minocycline was substituted for clindamycin. Four patients were unable to tolerate therapy.

Conclusions This small retrospective study indicates that combination therapy with clindamycin and rifampicin may be effective for HS. However, there is a need for a placebo-controlled trial.
contraceptives, isotretinoin, cyproterone acetate, and long-term antibiotics as used for treatment of acne. The effect of topical clindamycin has been shown to be as effective as oral tetracycline in HS. There are recent reports of the use of infliximab in the treatment of HS although the long-term risks of therapy are unknown.12,13 The outcomes of rifampicin/clindamycin combination therapy appear to be better than those in studies with isotretinoin when used for HS.9 Furthermore, this combination appears to be most effective in those patients who have mainly perineal involvement. A 10-week course of combination therapy is a relatively low-cost effective option. Patients should be warned to stop taking the combination if they develop diarrhoea as clindamycin is associated with the development of Clostridium difficile colitis. Rifampicin is a good antibiotic against C. difficile; this and the relatively young age group of the patients may explain why C. difficile-induced diarrhoea was not encountered, although those subjects who developed diarrhoea were not screened for C. difficile. However, if diarrhoea occurs clindamycin can be substituted by minocycline 100 mg daily to prevent resistance. We recommend review of patients after 4 weeks of therapy and monitoring of liver function tests and full blood count at baseline, 4 weeks and end of treatment.

These promising results indicate the need for a randomized, controlled trial of this combination therapy for HS.

References


