



PATIENT EDUCATION

Hidradenitis & radiation therapy

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is hidradenitis?

Hidradenitis suppurativa (HS) is a chronic inflammatory skin condition of hair follicles, often in the armpits, groin, under the breasts, or buttocks. It causes painful bumps, tunnels under the skin, and drainage. It is not caused by poor hygiene and it is not contagious. Severity ranges from occasional flares to widespread scarring disease.

What you may notice

- Painful nodules or boils in skin folds that recur in the same areas
- Drainage, odor, or tunnels (sinus tracts) under the skin
- Scarring and restricted motion after repeated flares
- Impact on work, exercise, intimacy, and sleep because of pain

Usual care options

Dermatology-led care may include wound care, antibiotics, hormonal approaches, biologics, lifestyle measures (smoking cessation, weight management when relevant), and procedures or surgery for tunnels and scarring. **Radiation** is an uncommon but sometimes considered option for selected refractory disease when standard therapies have not controlled flares — decisions are highly individualized.

Where CureRays may fit. For selected patients with refractory hidradenitis, CureRays may discuss **superficial / image-guided radiation** as an adjunct after dermatology options have been optimized. This is not first-line care for most people. Your dermatology and radiation team decide together.

What treatment usually involves

- Review of prior dermatology treatments and current disease activity
- If appropriate, a planned outpatient radiation course to involved skin regions
- Skin care and wound-care coordination during treatment
- No surgical scar from radiation itself; ongoing dermatology care continues
- Clear plan for what "response" means (fewer flares, less pain/drainage)

Setting expectations

HS is a long-term condition. Radiation, when used, aims to calm inflammatory activity in treated fields — it is not a guarantee of lifelong remission, and new areas can still flare. Continue the skin-care and medical plan your dermatologist recommends.



Side effects you should know about

Side effects depend on the field and dose. Common themes to discuss:

- **Skin reaction.** Redness, dryness, or peeling in the treated fold is expected to varying degrees; wound care support is important.
- **Pain during flares.** Pain management continues as directed by your clinicians.
- **Fatigue.** Mild tiredness can occur during a multi-session course.
- **Infection / drainage.** Report fever, rapidly worsening redness, or heavy drainage promptly.

Evidence in plain words

Published evidence for radiation in hidradenitis is limited (mostly small series). It is not a standard first step. We therefore do **not** quote response rates here. If radiation is offered, it will be framed as an individualized option after other therapies, with clear goals and follow-up.

What this means for you at CureRays

Most patients stay under dermatology care. Radiation is considered only in selected refractory cases. CureRays will not recommend it unless the expected benefit and skin risks make sense for your disease pattern.

Questions to ask

- Have first-line dermatology options (including biologics when appropriate) been optimized?
- What goal are we aiming for with radiation — fewer flares, less drainage, pain relief?
- How will skin and wound care be handled during treatment?
- What is the plan if new areas flare outside the treated field?

How to schedule or learn more

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