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Perspectives and Practice Patterns of Dermatologists Using Laser Hair Removal for Hidradenitis Suppurativa

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INTRODUCTION

Hidradenitis suppurativa (HS) is an inflammatory condition characterized by recurrent abscesses and sinus tract formations in intertriginous areas of the body, which can be difficult to manage.[1,2] Laser hair removal (LHR) has been shown to be an effective and safe treatment for HS.[2] However, there is a paucity of data regarding dermatologists' practice patterns when using LHR for HS and their perspectives on its advantages and barriers.

MATERIALS AND METHODS

This survey-based study, approved by the Association of Academic Cosmetic Dermatology (AACD) Board, included 13 questions targeting attending physicians in both academic and private practice settings who treat HS. It captured information on LHR practices, patient characteristics, barriers to care, treatment outcomes, Hurley staging, and cost-related challenges. Responses were collected anonymously via Qualtrics and analyzed using descriptive and thematic analysis.

The survey was distributed twice to AACD members and promoted at professional events (American Society for Dermatologic Surgery [ASDS] meeting and the 9th Annual Symposium of HS Advances). Additional outreach included pediatric dermatologists and residency program coordinators nationwide.

RESULTS

Survey results (n = 50) are outlined in Table 1. Answers to multiple-choice questions and responses to open-ended questions were quantitatively and qualitatively analyzed, respectively.

DISCUSSION

This survey of board-certified dermatologists provides valuable insights into the current practices and perceptions regarding laser hair removal (LHR) for HS treatment. The majority of respondents (88%) perform LHR, reflecting its widespread adoption in dermatology. However, the frequency of LHR use for HS varied considerably among practitioners, with 51% treating 1-5 patients per month and only 20% treating more than 10 patients monthly. This variability may reflect differences in patient populations or hesitancy to recommend LHR more broadly.

Notably, 86% of respondents would recommend LHR for over half or all of their HS patients if insurance coverage were available. Indeed, cost appears to be a significant barrier to LHR utilization, as insurance coverage and cost were frequently cited in the open-response section as challenges in determining whether or not LHR was an appropriate treatment option for HS. Lack of insurance coverage for LHR in HS management has previously been identified as a major obstacle to its widespread implementation.[1]

67% of dermatologists reported usually observing improvement in HS severity following LHR treatment. Furthermore, 84% of respondents feel confident or very confident in LHR's efficacy for HS management. These findings are consistent with several studies demonstrating the benefits of LHR in reducing HS severity and improving quality of life.[3] Patient preferences emerged as the most influential factor (81%) in deciding to recommend or administer LHR. This patient-centered approach aligns with current recommendations for shared decision-making in HS management.[4,5]

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TABLE 1.

Survey Responses	
Question (n = total responses)	**Responses (n, %)**
Please describe the practice setting(s) in which you routinely practice (choose all that apply). (n = 50)	Academic Teaching Hospital (46, 92%)
	Private Practice (3, 6%)
	Group Practice Setting (5, 10%)
	VA Clinic (4, 8%)
	Federally Qualified Health Center (FQHC) (2, 4%)
	Other (1, 2%)
Do you perform laser hair removal (LHR)? (n = 50)	Yes (44, 88%)
	No (6, 12%)
Over the past year, how frequently did you encounter patients with hidradenitis suppurativa (HS)? (n = 44)	None (3, 7%)
	Less than 5 per month (12, 27%)
	5-10 per month (7, 16%)
	11-15 per month (5, 11%)
	16+ per month (16, 36%)
	Unsure (1, 2%)
Over the past year, how many unique patients with HS did you treat with LHR? (n = 41)	None (5, 12%)
	1-5 per month (21, 51%)
	6-10 per month (7, 17%)
	11-15 per month (4, 10%)
	More than 15 per month (4, 10%)
When performing LHR in patients with HS, what laser/energy device modalities were used? (choose all that apply) (n = 36)	Long-pulsed Nd Yag (LPNdYag) (36, 100%)
	Long-Pulsed Alexandrite (LPAlex) (13, 36%)
	Diode (6, 17%)
If LHR were covered by insurance for the treatment of HS, for what proportion of your HS patients would you recommend LHR? (n = 36)	All of my patients who have hidradenitis suppurativa (13, 36%)
	Over half of my patients who have hidradenitis suppurativa (18, 50%)
	Less than half of my patients who have hidradenitis suppurativa (5, 14%)
For patients with HS for whom you recommend LHR, approximately what percentage were also on systemic medication(s) for HS? (n = 36)	100% (8, 22%)
	More than 50% (20, 56%)
	Less than 50% (7, 19%)
	Unsure (1, 3%)
Which specific body areas do you commonly treat with LHR for HS patients? (choose all that apply) (n = 36)	Axillary (armpits) (35, 97%)
	Groin (35, 97%)
	Buttocks (21, 58%)
	Thighs (22, 61%)
	Inframammary (9, 25%)
	Infra-abdominal pannus (11, 31%)
	Other (2, 6%)
For each patient undergoing LHR for HS, what is the typical treatment area per visit? (choose all that apply) (n = 36)	0-50 cm (9, 25%)
	51-100 cm (14, 39%)
	101-150 cm (5, 14%)
	> 151 cm (11, 31%)
	Unsure (5, 14%)
On average, when you recommend LHR for HS, how many treatment sessions do you advise? (n = 36)	2-5 (7, 19%)
	6-10 (29, 81%)

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TABLE 1. (CONTINUED)

Survey Responses	
Question (n = total responses)	**Responses (n, %)**
At what Hurley stage(s) do you treat HS patients with LHR? (choose all that apply) (n = 36)	Stage 1 (25, 69%)
	Stage 2 (23, 64%)
	Stage 3 (14, 39%)
	Combination of stages (20, 56%)
	Unsure (2, 6%)
In general, do you find that Hurley stage improves after treatment with LHR? (choose all that apply) (n = 36)	Yes, there is usually improvement (24, 67%)
	No significant change (7, 19%)
	Varied among patients (4, 11%)
	Unsure (4, 11%)
How confident do you feel in the efficacy of LHR as a treatment option for managing HS? (n = 36)	Very confident (20, 56%)
	Confident (10, 28%)
	Neutral (5, 14%)
	Unsure (1, 3%)
What factors influence your decision to recommend or administer LHR as part of the treatment plan for patients with HS? (choose all that apply) (n = 36)	Clinical efficacy (27, 75%)
	Patient preferences (29, 81%)
	Cost-effectiveness (25, 69%)
	Safety considerations (17, 47%)
	Other (5, 14%)
Are there specific patient populations or HS subtypes for which you find LHR to be particularly effective or ineffective? (n = 15)	More effective in early or limited disease (13, 87%)
	Men are more likely to refuse LHR (2, 13%)
What challenges, if any, have you faced in incorporating LHR into the overall management of HS? (n = 20)	Insurance coverage/cost (12, 60%)
	Reimbursement (3, 15%)
	Capacity (3, 15%)
	Gender bias (2, 10%)

Limitations include a relatively small sample size and a large proportion of respondents from academic teaching hospitals, which may not be representative of all dermatology practices. Additionally, self-reported data can be subject to recall bias.

In conclusion, this survey demonstrates that board-certified dermatologists generally view LHR as an effective treatment option for HS; Future research should focus on larger, more diverse samples of dermatologists. Additionally, efforts to address insurance coverage barriers for LHR in HS treatment could significantly enhance its accessibility and utilization.

DISCLOSURES

The authors have no conflicts of interest to disclose.

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