

Stellingen behorende bij het proefschrift

Hidradenitis Suppurativa: Pathogenese en behandeling

Hessel van der Zee

Rotterdam, 7 december 2011

1. Keratin fibers derived from ruptured cysts fuel chronic HS inflammation.
2. HS fistula formation is a phenomenon secondary to ruptured cysts or hair follicles, and arises from sequestered keratinocytes and epithelial strands.
3. IL-1 β is a novel therapeutic target for HS.
4. Deroofing of HS lesions is superior to simple incision with drainage.
5. Combination treatment with oral rifampicin and clindamycin is currently one of the most effective non-surgical options for HS.
6. HS-specialized, multidisciplinary clinics or consulting hours will improve care for HS patients.
7. The new data on the topographical, temporal, and interpersonal variations in skin microbiota may change our view on the pathogenesis of skin inflammation (*Nat Rev Microbiol* 2011; **4**: 244-53).
8. Nanotechnology will be increasingly important in topical dermatological diagnostics and therapeutics.
9. The increasing inappropriate use of the emergency room is fed by public unawareness rather than laziness.
10. Silting of the Wadden-sea will prevent potential disappearance of this unique habitat due to global warming-induced sea level rise.
11. There is no substitute for cubic inches.