Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Hidradenitis Suppurativa

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 11 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 11 August 2025;
- A gynaecology consultation and pelvic ultrasound report by the gynaecologist, dated 22 April 2010;
- A procedure record by the medical officer, Garrison health centre, dated 6 May 2010;
- A pre-deployment medical and glucose tolerance test by the medical officer, dated 14 November 2011;
- A deployed health record by the regimental medical officer, Afghanistan, dated 10 June 2012;
- A deployed health record by the regimental medical officer, Afghanistan, dated 18 July 2012;
- A dermatology consultation and ultrasound report by the dermatologist, dated 22 November 2012;
- A telehealth dermatology consultation by the dermatologist, dated 15 May 2016;
- A role 2 facility record by the medical officer, Iraq, dated 30 July 2016;
- A dermatology consultation and ultrasound report by the dermatologist, dated 12 October 2016;
- An operation report by the plastic surgeon, dated 5 March 2018.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

15 January 2007 and 4 June 2021

Hidradenitis Suppurativa

You have stated that your condition was caused by:

- *smoking at least five pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of hidradenitis suppurativa*
- *being obese at the time of the clinical onset of hidradenitis suppurativa*
- *having repeated friction and occlusion of the skin of the affected region for at least the six months before the clinical onset of hidradenitis suppurativa*
- *working in a hot environment with heavy sweating of the affected region for at least one month within the six months before the clinical onset of hidradenitis suppurativa*
- *having polycystic ovary syndrome or another hyperandrogenic state at the time of the clinical onset of hidradenitis suppurativa*
- *having insulin resistance, impaired glucose tolerance or diabetes mellitus at the time of the clinical onset of hidradenitis suppurativa*
- *taking a progestogen-only contraceptive agent for at least the three months before the clinical onset of hidradenitis suppurativa*
- *having depilation or shaving trauma to the skin of the affected region on at least three days per week for at least the six months before the clinical onset of hidradenitis suppurativa*

Diagnosis: Hidradenitis Suppurativa

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 11 August 2025, and is supported by a dermatology consultation and ultrasound report by the dermatologist, dated 22 November 2012.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *smoking at least five pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of hidradenitis suppurativa*
- *being obese at the time of the clinical onset of hidradenitis suppurativa*
- *having repeated friction and occlusion of the skin of the affected region for at least the six months before the clinical onset of hidradenitis suppurativa*

- *working in a hot environment with heavy sweating of the affected region for at least one month within the six months before the clinical onset of hidradenitis suppurativa*
- *having polycystic ovary syndrome or another hyperandrogenic state at the time of the clinical onset of hidradenitis suppurativa*
- *having insulin resistance, impaired glucose tolerance or diabetes mellitus at the time of the clinical onset of hidradenitis suppurativa*
- *taking a progestogen-only contraceptive agent for at least the three months before the clinical onset of hidradenitis suppurativa*
- *having depilation or shaving trauma to the skin of the affected region on at least three days per week for at least the six months before the clinical onset of hidradenitis suppurativa*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with recurrent painful, deep, tender nodules in both axillae and the right groin that lasted one to two weeks, some of which discharged pus and blood, with double-ended comedones, aggravated by sweating and the rubbing of your body armour and webbing on 10 June 2012.

The diagnosis was made by a dermatologist on 22 November 2012 using the accepted clinical criteria for hidradenitis suppurativa: typical lesions (deep painful nodules, abscesses and double-ended comedones), at typical sites (both axillae and the groin), with chronicity and recurrence (more than two episodes in six months). Skin swabs excluded a primary bacterial infection, and the failure of standard antibiotics and the double-ended comedones distinguish the condition from simple boils.

This has then led to further investigations and the diagnosis of your condition of *Hidradenitis Suppurativa*. I have accepted your condition of *Hidradenitis Suppurativa*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 10 June 2012.

Hidradenitis Suppurativa (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 11 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 11 August 2025;
- A gynaecology consultation and pelvic ultrasound report by the gynaecologist, dated 22 April 2010;
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- A telehealth dermatology consultation by the dermatologist, dated 15 May 2016;
- A role 2 facility record by the medical officer, Iraq, dated 30 July 2016;
- A dermatology consultation and ultrasound report by the dermatologist, dated 12 October 2016;
- An operation report by the plastic surgeon, dated 5 March 2018.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

15 January 2007 and 4 June 2021

Hidradenitis Suppurativa (Worsening)

You have stated that the worsening of your condition was caused by:

- *smoking at least 10 cigarettes per day, or the equivalent thereof in other tobacco products, at the time of the clinical worsening of hidradenitis suppurativa*

- *having a Body Mass Index of 35 or greater at the time of the clinical worsening of hidradenitis suppurativa*
- *having repeated friction and occlusion of the skin of the affected region in a hot environment for at least one month before the clinical worsening of hidradenitis suppurativa*
- *inability to obtain appropriate clinical management for hidradenitis suppurativa*

Diagnosis: Hidradenitis Suppurativa (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 11 August 2025, and is supported by a dermatology consultation and ultrasound report by the dermatologist, dated 22 November 2012.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *smoking at least 10 cigarettes per day, or the equivalent thereof in other tobacco products, at the time of the clinical worsening of hidradenitis suppurativa*
- *having a Body Mass Index of 35 or greater at the time of the clinical worsening of hidradenitis suppurativa*
- *having repeated friction and occlusion of the skin of the affected region in a hot environment for at least one month before the clinical worsening of hidradenitis suppurativa*
- *inability to obtain appropriate clinical management for hidradenitis suppurativa*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with recurrent painful, deep, tender nodules in both axillae and the right groin that lasted one to two weeks, some of which discharged pus and blood, with double-ended comedones, aggravated by sweating and the rubbing of your body armour and webbing on 10 June 2012.

The diagnosis was made by a dermatologist on 22 November 2012 using the accepted clinical criteria for hidradenitis suppurativa: typical lesions (deep painful nodules, abscesses and double-ended comedones), at typical sites (both axillae and the groin), with chronicity and recurrence (more than two episodes in six months). Skin swabs excluded a primary bacterial infection, and the failure of standard antibiotics and the double-ended comedones distinguish the condition from simple boils.

After the condition arose, it was worsened during your service. You were smoking 20 cigarettes a day on warlike service in Iraq, recorded on 30 July 2016 at the time of the worsening. Your BMI was 36.4 on 30 July 2016 at the time of the worsening. From 20 January 2016 to the worsening on 30 July 2016 on warlike service in Iraq you wore body armour and webbing for 12-hour shifts in extreme heat, with continuous friction, occlusion and sweating of both axillae and the groin, covering the one month before the worsening from 30 June 2016 to 30 July 2016. In May 2016 a dermatologist recommended adalimumab for progressive disease, but you were deployed to Iraq from January 2016, where no dermatologist or biological therapy was available, and you were required to continue wearing body armour.

This has then led to further investigations and the diagnosis of your condition of *Hidradenitis Suppurativa (Worsening)*. I have accepted your condition of *Hidradenitis Suppurativa (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 30 July 2016.

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