**Materials and Methods**

*Study Cohort*

Demographic and clinical data of all patients presenting from January 1, 2015, to June 30, 2019, with a confirmed diagnosis of hidradenitis suppurativa (HS; ICD-10 code L73.2) and plaque psoriasis (Pso; ICD-10 codes L40.0, L40.4, L40.7, L40.8 and L40.9) from two University Hospitals in Germany and Italy were identified by the electronic data management program and retrospectively analyzed with regard to the first appearance of both diseases, disease severity, comorbidity and treatment strategies. All clinically relevant comorbidities were included, independently of whether they first occurred before or after the diagnosis of HS or Pso. The study was developed following the regulations for the protection of confidential information, including a positive opinion of the local ethics committee and in accordance with the Declaration of Helsinki on ethical principles in medical research involving human subjects (Approval No.: 178/17). Clinical data of in total 28 patients with a confirmed dual diagnosis of HS and Pso were identified. Patients who only had one confirmed diagnosis, or who were only suspected of having both diseases, were excluded. The diagnosis of HS and Pso was made clinically by a board-certified dermatologist. From the patient chart, age, sex, weight and height, body mass index, smoking status, confirmed codiseases as well as systemic and topical treatments were analyzed. Beyond, the maximum documented score for Psoriasis Area and Severity Index and body surface area for Pso, as well as Hurley score and International Hidradenitis Suppurativa Severity Score System for HS were used to determine disease severity.

*Statistical Analysis*

Data of disease onset and prevalence of comorbidity are reported as frequency distribution or percentages and were compared to previously reported registry data for Pso and HS. Data were analyzed exploratively (mean, max./min., 95% confidence interval) or with the Mann-Whitney U test with a significant level of *p* ≤ 0.05. Missing or invalid data were not taken into account in the individual patient charts.