



DERMATOPATHOLOGY

CLINICOPATHOLOGICAL DISCREPANCIES IN FOLLICULITIS DECALVANS

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Background: Folliculitis decalvans (FD) is a rare primary neutrophilic cicatricial alopecia. It is more common in males and is usually seen in young adults with no reported cases before adolescence. It accounts for 8% of scarring alopecia. FD manifests with alopecic patches predominantly on the vertex and occipital areas progressing in a coronal pattern, associated with perifollicular erythema, follicular pustules and hemorrhagic crusts. The cause is unclear, however *Staphylococcus aureus* has been implicated. Tufted folliculitis, a distinct entity of FD or a clinical variant, has been reported in 2 children. The treatment is usually challenging, it consists of oral antibiotics such as minocycline, clarithromycin, rifampin and clindamycin. Oral isotretinoin is preserved for severe cases.

Observation: Eleven-year-old boy presented with multiple alopecic patches over his scalp present since five years treated as tinea capitis without satisfactory improvement. On examination, there were multiple alopecic patches with perifollicular erythema, hemorrhagic crusts and oozing mainly on the midscalp. A skin biopsy showed numerous but miniaturized hair follicles with an increase in catagen and telogen phases consisting with alopecia areata. Bacterial culture was positive for methicillin resistant *Staphylococcus aureus*. In front of this clinicopathological discrepancy the patient was treated with oral clindamycin for two months with significant improvement. The skin biopsy was repeated and showed dilated hair follicles with complete resorption of the epithelial sheath by macrophage granulomas, the dermis was fibrotic. The clinical and histological features were compatible with advanced stage of FD. The patient was continued on oral clindamycin for another month with quasi complete hair regrowth.

Key message: We report the case of a young boy with FD, a condition that is usually not seen in children, shedding the light on the importance of considering this diagnosis when dealing with cicatricial alopecia in a young population.

