



HAIR DISORDERS

“AXILLAR INVOLVEMENT IN FFA: CLINICAL, DERMATOSCOPIC AND HISTOPATHOLOGICAL FINDINGS”

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Introduction: Frontal fibrosing alopecia (FFA) is considered a particular clinical form of lichen planopilaris that primarily involves the scalp hair over the frontal hairline and predominates in menopausal women. Eyebrows and eyelashes can be variably affected. Concomitant involvement of hairs at different body sites, such as axillas, has occasionally been described but is still poorly understood.

Objective: Investigate clinical, dermoscopy and histopathologic features of axillar involvement in women with scalp FFA.

Materials and Methods: We evaluated clinical aspects, dermoscopy and biopsies of the axilla in 12 women with histologically confirmed FFA followed at the Department of Dermatology, University of São Paulo, Brazil.

Results: Age varied between 37 and 77 years and 11 women were menopausal. Six patients reported decrease in axillary hair density. All cases were asymptomatic. Dermoscopy of axillae showed tufted hairs in 54% of patients. Other findings included brown-perifollicular discoloration in 81,8%, diffuse scaling in 27,2% and perifollicular scaling in 36,3%. Histological findings presented an atrophic epidermis in 8 patients (66,7%), inflammatory infiltrates in 4 patients (33,4%), perifollicular fibrosis in 5 patients (41,6%), and cicatricial tracts in one case (8,3%).

Conclusions: In our study, clinical and laboratory analysis showed variable involvement of the axillary region. Clinically evident low hair density and histopathologic findings of cicatricial alopecia were presente in almost 50% of our cases. Although the majority of evaluated women in our study were menopausal - a phase of life in which low hair density of the axillary region is not rare - histopathologic findings were characteristic of cicatricial alopecia in about half of our cases. Our results suggest that a specific cicatricial process may also affect the follicles of the axillary region in women with FFA. Further studies are necessary to evaluate if similar hair body involvement occurs at other body sites in FFA.

