



HAIR DISORDERS

FIBROSING ALOPECIA IN A PATTERN DISTRIBUTION: A CASE SERIES

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Background: Fibrosing alopecia in a pattern distribution is a variety of lichen planopilaris (LPP) associated with androgenetic alopecia in women and men. LPP is considered to be a T cell-mediated autoimmune reaction that triggers apoptosis of follicular epithelial cells. This autoimmune process is thought to be in response to some antigenic challenge, although a specific antigen has yet to be identified. The clinical characteristics of FAPD are alopecia in the distribution of typical male or female pattern hair loss with perifollicular erythema and hyperkeratosis and eventually loss of follicular openings. Dermoscopic features of FAPD include peripilar casts, hair tufting, loss of follicular ostia, in association with hair shaft diameter variability. Histopathological features include miniaturization of hair follicles and perifollicular lamellar fibrosis, associated with a lymphocytoid infiltration around the isthmus and infundibular area of the hair follicles. Genetic, environmental, and hormonal factors may explain the clinical pattern and the efficacy of combined treatments with 5 α reductase inhibitors (finasteride and dutasteride), hair growth promoting agents (minoxidil), and anti-inflammatory modalities (topical

Observation: 8 women and 2 men ranging from 45 to 75 years old presented with a history of several months of hair thinning involving the central scalp and mild scalp itching. Trichoscopy indicated the diagnosis showing peripilar casts and hair tufting. A dermoscopy biopsy confirmed diagnosis showing features of both androgenetic alopecia and lichen planopilaris .

Key message: FAPD exhibits a favorable prognosis as compared to lichen planopilaris.

