HAIR DISORDERS

FOLLICULITIS DECALVANS: CASE REPORT

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Background: Folliculitis decalvans (FD) is a primary neutrophilic inflammatory presentation of cicatrizing alopecia characterized by follicular pustules,papules, hemorrhagic crusts, erosions and scarring within the scalp. It occurs mostly in young and middle-aged men. The etiology is not fully understood, however, Staphylococcus aureus scalp colonization has been implicated as a contributing factor. Hypotheses concerning the pathogenesis of the disease includes genetic, allergic, infectious and immunological factors. Trichoscopy is a non-invasive method that can be used in most differential diagnosis, it improves diagnostic accuracy and may contribute to a better understanding of the pathogenesis of these disorders.

Observation: Male, 51 years old, presenting for approximately two years of abrupt onset alopecia in the left parietal region accompanied by follicular pustules. Later, other areas were compromised. It refers to several treatments without improvement of the condition. At dermatological examination, alopecia areas of the frontal, left and right parietal regions, with tufts of hair accompanied by follicular pustules in the occipital region, were identified. The skin of the scalp is smooth and shiny with hyperchromic areas. Dermoscopy, skin biopsy and histopathology were performed: corneal layer of epidermis with numerous neutrophils between corneal scales and extending to the follicular ostium. The underlying dermis exhibits hair follicles with discontinuous epithelial lining, surrounded by edema and mixed inflammatory infiltrate, with neutrophils, lymphocytes, histiocytes and foreign body type giant cells surrounding fragments of loose hairs. Histopathology was compatible with folliculitis decalvans. Introduced dapsone 200mg daily with no clinical response.

Key message: The FD cases remains a clinical challenge due to its high treatment difficulty. There was no clinical response to the applied therapies, including dapsone, which typically exhibits variable success rates and frequent relapses. The available data recalling this pathology is limited thus further studies are required to it better understanding.