



HAIR DISORDERS

FRONTAL FIBROSING ALOPECIA: PROSPECTIVE STUDY OF 40 CASES

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Introduction: Frontal fibrosing alopecia (FFA) is a variant of the lichen planar plane (LPP). It is defined by the symmetrical and progressive recession of the scalp implantation line resulting in cicatricial alopecia.

Objectives: To describe the epidemiological, clinical and dermoscopic features of AFF in our Moroccan context.

Patients and methods: A prospective monocentric study over 3 years, including patients, followed for FFA in the dermatology department in Fez and who had histological confirmation.

Results: We included 40 patients with FFA. Their average age was 48.7 years. These patients were dark-skinned in 63.1% and premenopausal in 60.5%. the delay of the diagnosis was 4.7 years with a notion of slow evolution in 80%. Pruritus was reported in 76.3%. 93.3% of the patients had a frontotemporal recession with a parietal extension in 53.3% and occipital in 10%, 2 cases had only frontal recoil. Eyebrow depilation in 76.6%. The facial color micropapules in 73.3% of them, pigmentary lichen 42.5%, a lichen cutaneous plan 1 case. The sign of solitary hair was found in 82.5%. The dermoscopic examination showed the absence of hair holes in all patients, with ivory white areas noted in 63%. Peripilar hyperkeratosis was present in 96.6%, peripilar erythema, pseudo-sliding sheath, purple-gray spots, follicular plugs, tufted hair were present in 90%, 76.6%, 43, 4%, 23%, 1% of cases. Skin biopsy guided by dermoscopy confirmed the diagnosis in all cases. Dysimmunitary conditions were noted in 11 cases. The topical corticosteroids, tacrolimus, cyclins, hydroxychloroquine, and oral finasteride were used. The evolution was a stabilization of the disease in 86.6% and a partial regrowth of the hair in 23.3%.





Conclusion: FFA has become frequent in our context. Dermoscopy facilitates the diagnosis. No treatment has been formally proven to be effective so far, hence the value of early diagnosis before the cicatricial stage.

