HAIR DISORDERS

GRAHAM'S SYNDROME LITTLE-PICCARDI-LASSUEUR, ABOUT A CASE.

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Graham Little-Piccardi-Lassueur syndrome (SGLP) is characterized by the classic triad of cicatricial alopecia on the scalp, keratosis pillar on the trunk and limbs, and non-scarring alopecia on the pubis and axillae. There are authors who add classical lichen planus lesions to the triad.
The Graham Little syndrome. Piccardi-Lassueur was first described in 1914 and since then only very few cases have been reported in the world scientific community.
The North American Hair Research Society (NAHRS) classifies this syndrome as a variant of lichen plano pillar (LPP).
We present the case of a 44-year-old female, phototype V of Fitzpatrick, married, housewife, from and residing in Santo Domingo, Dominican Republic, who comes to consultation for dermatosis affecting the scalp, trunk and upper and lower extremities. 6 months evolution, pruritic. Patient reports a history of a similar picture on the scalp 16 years ago that was treated surgically.
It presented a personal history of arterial hypertension; Diabetes mellitus type 2; Hypothyroidism.
Physical examination presents dermatosis consisting of multiple follicular papules, hyperpigmented, some come together in badly delimited plates of irregular shape.
A clinical diagnosis of: 1. Lichen planus pillar Vs Follicular mucosis Vs Keratosis pilar (thigh). 2. Lichen planus Vs lichenoid drug rash (legs).
Histopathological diagnoses of: 1. Lichen planus are reported. 2. Follicular lichenoid dermatitis

Note: To consider Lichen Plano Pilar. In clinical-pathological correlation patient presents alopecia lesions on scalp, axilla and thigh; combined clinical data with histological findings of Graham Littler-Piccardi-Lassueur syndrome can be considered, for presentation purposes it is recommended to complete case with scalp biopsy and direct immunofluorescence test.
Analyzes are performed: within reference limits.