



HAIR DISORDERS

LICHEN PLANOPILARIS AND ANDROGENETIC ALOPECIA OVERLAP: EVALUATION OF CLINICAL AND HISTOLOGIC FEATURES.

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Background: Lichen planopilaris (LPP) is a scarring alopecia, characterized by perifollicular erythema, a lichenoid follicular infiltrate and wedge-shaped scarring. Treatment of these patients is challenging, and can be further complicated with overlapping androgenetic alopecia (AGA); a non-cicatricial alopecia related to excess androgens.

Objective: Studying the histologic and/or clinical overlap of LPP and AGA, and their response to anti-androgen therapy to shed light on this growing concern.

Methods: Retrospective review of Cleveland Clinic records over 20 years for patients where both LPP and AGA considered in the differential diagnosis (26 patients). Patients without biopsies or clinical photographs were excluded, yielding a total of 10 patients. Scalp biopsies, clinical photographs and outcomes were reviewed.

Results: Four patients had LPP and AGA in the clinical differential diagnosis only, 1 patient had LPP and AGA in the biopsy differential diagnosis only, 2 patients had LPP and AGA in both the clinical and biopsy differential diagnoses and 3 patients were considered LPP on biopsy but AGA on clinical examination. Thinning and hair loss in the central scalp was seen in all patients. Frontal hair thinning was present in 8 patients. Perifollicular erythema was observed in 7 patients. Four patients had eyebrow hair loss. Histologic findings supportive of LPP were a lymphocytic lichenoid infiltrate around hair follicles (7/10), wedge shaped scarring (7/10) and perifollicular scarring (5/10). Histologic findings supportive of AGA were follicular miniaturization (6/10) and empty follicular fibrous tracts (9/10). Serum androgen levels were elevated in 5 cases. All patients who received anti-androgen therapy showed improvement in their alopecia

Conclusion: Patients with recalcitrant AGA and experienced recurring hair loss should be biopsied to check for potential LPP overlap. Awareness of this overlap is important to identify patients who may benefit from treatment for AGA.

