



HAIR DISORDERS

lichen planopilaris BEYOND SCALP: A CASE SERIES WITH DERMOSCOPY-HISTOPATHOLOGY CORRELATIONS

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Background: The morphological manifestations of lichen planopilaris (LPP) have been broadly categorized into scarring alopecia on scalp, non-scarring alopecia on body (particularly axilla and groin) and follicular papules. Involvement of body hair in LPP has been infrequently reported, with only few reports describing the histopathological features of extra-scalp lesions; while dermoscopic features of body hair LPP have been rarely studied. Herein, we attempt to highlight the conceptual and clinical implications of extra-scalp LPP.

Observation: We present four patients that document a spectrum of body hair involvement in LPP; ranging from facial papules (vellus hair LPP); to truncal alopecia both in patchy and diffuse type, simulating alopecia areata (pelade); and lastly a generalized involvement with inflammatory keratosis-pilaris like follicular papules. The detailed dermoscopy and histopathology features clearly portend that a similar lichenoid folliculitis leading to follicular drop-outs and scarring, exists even in apparently non-scarring alopecia or non-inflammatory follicular papules at extra-scalp sites.

Key message: These observations lend support to the hypothesis that LPP is rather a generalized alopecia, highlighting the need for a diligent clinical and dermoscopic assessment of extra-scalp involvement. The distinction between scarring and non-scarring alopecia from a clinical perspective is complex especially in skin of color. We propose that this difference largely stems out from the types of hairs involved in the same disease process, i.e. finer and fewer follicles on face and body in comparison to denser terminal hairs on scalp, which further elicit a proportionately lower quantum of inflammatory reaction that does not translate into clinically appreciable scarring, as seen classically on scalp. Dermoscopy proves helpful in screening the extra-scalp sites for possible disease activity, and the role of histopathology is paramount in unveiling the underlying destructive lichenoid folliculitis. In addition, we have summarized the clinical-dermoscopy-histological correlations in LPP.

