

HAIR DISORDERS

LICHEN PLANOPILARIS OR DISCOID LUPUS? THE INTEREST OF TRICHOSCOPY

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Introduction: lichen planopilaris and discoid lupus of the scalp are the most common lymphocytic scar alopecia. The diagnosis can be difficult. We will see the diagnostic value of trichoscopy.

Objective: to determine the distinctive trichoscopic signs of lichen planopilaris, and discoid lupus.

Materials and Methods: Analytical descriptive study involving 20 patients over a period of 2 years.

The diagnosis of lichen pilaris and lupus discoid was clinical, and confirmed histologically. All patients underwent a trichoscopic examination by the digital trichoscope Dinolite, the results are entered on the EPI info, and compared by X².

Results: 12 cases of lichen planopilaris, 7 men, and 5 women, the average age was 33 years, the most common seat was the vertex (50%).

8 cases of discoid lupus, 3 men, and 5 women, the average age was 39 years, the most common seat was front (50%).

Trichoscopic signs found in the lichen planopilaris: Rarification of follicular orifices (100%), tubular scaling (100%), peripilar erythema (75%), white dot (50%), red dot (16.66%), follicular plugging (16,66%)

Trichoscopic signs found in discoid lupus: Rarification of follicular orifices (100%), peripilar erythema (62.50%), follicular plugging (87.50%), arborizing blood vessels (50%), red dot (50%), white dots (25%), tubular scaling (37.50%).

Comparative by X²: for the lichen planopilaris; the tubular scaling is significant (P = 0.0015). For discoid lupus: arborizing red vessels (P <0.001), follicular plugging (P = 0.0018).

Conclusions: trichoscopy is a non-invasive tool, promising for the diagnosis of cicatricial alopecia; lichen planopilaris, and discoid lupus.