



HAIR DISORDERS

NON-SCARRING PATCHY ALOPECIA IN A PATIENT WITH LUPUS ERYTHEMATOSUS: CASE REPORT

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Background: Hair loss is a common complaint in patients with systemic lupus erythematosus (SLE). Non-scarring patchy alopecia associated with SLE is often misdiagnosed with alopecia areata (AA). In this study, we report a case of a woman with SLE and hair loss. We identified clinical manifestations, scalp dermatoscopic and histopathological features that distinguish patchy SLE alopecia from patchy AA.

Observation: A 59-year-old woman, phototype 4, complained of hair loss since 2014. She had previously been diagnosed with lupus erythematosus (SLE) and was using hydroxychloroquine, azathioprine, prednisone and minoxidil. Clinical examination and global view of the scalp were performed and revealed two oval plaques in front and vertex of the scalp, dyschromia, perifollicular and interfollicular flaking, white and yellow dots associated with total loss of eyebrows. The erythema visualization was impaired by the patient's phototype. Biopsy specimen from the scalp revealed: miniaturization, increase of the telogenic germinative units and vacuolar damage of the interface of the epidermis with melanophages, features suggestive of non-scarring patch alopecia, but it was different from AA. The hair loss was probably induced by active SLEs. Then she started to use clobetasol topical gel and it was suggested to the rheumatologist to adjust the systemic medications for SLE.

Key message: When non-scarring patchy alopecia appears, especially in patients with SLE, the potential for a SLE disease flare-induced hair loss should be considered rather than a diagnosis of AA. Clinical features, scalp dermatoscopic signs, and scalp histopathological findings of the non-scarring patchy alopecia can help to differentiate between the two diagnoses. The distinction of patchy alopecia between SLE and AA is fundamental to enable early diagnosis and effective treatment.

