



HAIR DISORDERS

DISSEMINATED LICHEN AMYLOIDOSIS WITH SCALP INVOLVEMENT: CLINICAL, DERMOSCOPIC AND HISTOPATHOLOGIC FEATURES

Henrique Demeneck⁽¹⁾ - Betina Werner⁽¹⁾ - Fabiane Mulinari-brenner⁽¹⁾ - Flavia Machado Alves Basilio⁽¹⁾

Universidade Federal Do Paraná, Dermatology Department, Curitiba, Brazil⁽¹⁾

Background: Lichen amyloidosis is a subtype of primary localized cutaneous amyloidosis. It clinically presents as pruritic dome shaped hyperpigmented papules at the shins and forearms. A case of disseminated lichen amyloidosis with unusual scalp involvement and hair loss is reported. To the best of our knowledge, only two similar cases were previously published, but this is the first report to describe dermoscopic findings.

Observation: A 54-year-old Brazilian woman presented with a four-year history of pruritic brown scaly papules coalescing into plaques over legs, forearms and back. She also presented diffuse alopecia with brown perifollicular papules and erythematous scaly plaques on the scalp. Systemic lupus erythematosus was diagnosed two years before based on malar rash, photosensitivity, synovitis, lymphopenia, positive antinuclear antibody (1/640) and low complement levels. The patient was on prednisone 10mg/day and chloroquine 150mg/day. Physical examination revealed multiple coalescent red-brown hyperkeratotic papules on the pretibial surfaces, forearms and upper back. Dermoscopy of the scalp revealed keratotic follicular plugs, reduced follicular openings, diffuse erythema and perifollicular hyperkeratosis, in a scarring pattern. Histological examination of the scalp showed hyperkeratosis and acanthosis with an acellular eosinophilic material in the papillary dermis. There was vacuolar degeneration of the basal layer of follicular epithelium and necrotic keratinocytes. No fibrotic tracts were seen. Congo red stain and crystal violet were positive in the deposits. Histopathology of other body sites showed similar findings and disseminated lichen amyloidosis was diagnosed. Additional investigations during the 3-year follow-up excluded secondary amyloidosis. Treatment with methotrexate 15mg/week and topical steroids resulted in partial improvement and hair regrowth.

Key message: Disseminated lichen amyloidosis rarely involves the face and scalp. This disease should be considered in the differential diagnosis of diffuse alopecia with a scarring pattern associated with keratotic follicular plugs and perifollicular hyperkeratosis, especially in patients of Asian or South American origin.

