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HAIR DISORDERS

LICHEN PLANOPILARIS AFTER HAIR TRANSPLANTATION: A CASE REPORT.

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Background: A 30-year-old male presented with a 5-month history of pruritus on the frontotemporal aspects of his scalp. He had a history of hair transplantation by FUE technique (follicular unit extraction) 1 year prior to the presentation of his symptoms. He also reported suboptimal hair growth on the recipient area of the transplant.

Observation: Clinical examination revealed mild erythema and follicular, erythematous, excoriated papules confined to the recipient area of the hair transplant, which included the frontal and temporal aspects of the scalp. Dermoscopy showed perifollicular hyperkeratosis, perifollicular erythema and lack of follicular ostia. Two 4-milimiter punch biopsies were taken from the affected areas. Histopathology showed a mild perifollicular inflammatory infiltrate constituted by lymphocytes, as well as important concentric perifollicular fibrosis. These findings were consistent with lichen planopilaris. He was treated with 0.05% clobetasol hair lotion, oral hydroxychloroquine and 5% minoxidil lotion with good improvement after 4 months.

Key message: Lichen planopilaris (LPP) is a primary cicatricial alopecia, characterized by chronic perifollicular lichenoid inflammation and perifollicular fibrosis. The follicle is eventually replaced by scar tissue. Traumatic skin injury has been previously implicated in cases of skin, mucosal and follicular lichen planus. There are few reports in the literature that state a clear association between hair transplantation and the development of LPP. Hypotheses mentioned by hair experts state that skin trauma from the instruments used to make the recipient sites may trigger a Koebner phenomenon, which leads to exposure of hair follicle antigens to the immune system, and ultimately the development of LPP. Suboptimal hair growth after hair transplantation as well as prurity or a burning sensation.

Suboptimal hair growth after hair transplantation, as well as pruritus or a burning sensation of the scalp, should raise the suspicion of LPP. Since there are few reports of LPP presenting after hair transplantation, awareness of the existence of this condition is of great importance to the dermatologist.





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