

Read Item - Eczema of the Scalp and Lichen Simplex Chronicus

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Abstract: Doctors' resource on Eczema of the Scalp and Lichen Simplex Chronicus

Key Points

Eczema often involves the scalp. It looks similar to seborrhoeic dermatitis, but in general it is more itchy, and there is eczema elsewhere on the body.

Definition

Atopic dermatitis is a chronic pruritic, inflammatory dermatitis

Epidemiology

Eczema affects up to 10% of the population and about 30% of the population are atopic. In 50% of cases it first presents in infancy but may first appear at any age.

Aetiology

It is a manifestation of atopy, which is an autosomal dominantly inherited cluster of related disorders; namely eczema, asthma and hayfever. The three do not always occur in the one patient.

Pathogenesis

The pathogenesis is unclear, but an IgE mediated late phase response as well as cell mediated immunity involving type 2 T helper cells (Th2) contribute in some way. Th2 cells secrete interleukin 5, 10 and 13, along with interferon gamma and tumour necrosis factor beta. They also stimulate a B cell immunoglobulin production switch to IgE.

Clinical features

Scalp involvement can occur and presents as an itchy scaly dermatitis of the scalp. Broken hairs from scratching and rubbing can be seen. Scalp involvement can occur with the simple flexural type of eczema, but it is particularly common in erythrodermic eczema. Telogen effluvium may also occur with erythrodermic eczema and the hair loss may be quite severe.

Lichenification and secondary infection are common complications. Lichenification is the leathery thickening of the skin that occurs in response to repeated scratching and rubbing. Any itchy rash can cause the patient to scratch to gain temporary relief. If the itch returns more severe than ever after a brief intermission and produces renewed scratching, then the patient can fall victim to a repetitive itch-scratch cycle that ultimately produces lichenification. When the original rash is obvious the lichenification is considered secondary, while if the original rash is obscure, the condition is called lichen simplex chronicus.

Scalp eczema frequently becomes complicated by Staph Aureus infection. It may also be involved in Kaposi's varicellaform eruption due to secondary infection of the eczema with herpes simplex virus.

Pathology

Spongiosis is the histological hallmark of eczema. All other features are variable and non-diagnostic.

Investigation

Usually none required.

Diagnosis

In the absence of eczema elsewhere, tinea capitis needs to be excluded. Lichen Simplex can mimic psoriasis.

Associated Features

Childhood eczema can be a feature of a number of inherited syndromes, such as the Wiskott-Aldrich syndrome (eczema, thrombocytopaenia, impaired immunity with elevated IgE and early death from infection), hyper IgE syndrome (eczema, recurrent infections, growth failure and raised serum IgE) and hypereosinophilic syndrome (atopic eczema, hypereosinophilia and multisystem involvement). Scalp involvement is common in these conditions.

Prognosis

Eczema is a chronic relapsing condition and the patient should be encouraged to have realistic expectations of the outcome of treatment.

Treatment

Tar shampoos and pomades as well as steroid lotions and creams are used. Oral antibiotics are used for secondary bacterial infection, and oral prednisolone may be required in extensive cases.
