

Read Item - Scalp Folliculitis

Author: RD Sinclair

Date: 09/05/2000

Publisher/Journal:

Keywords: folliculitis

Abstract: Doctors' resource on Scalp Folliculitis

Key Points

Folliculitis presents with an itchy or painful scalp that is studded by pustules. While most heal spontaneously over 1 to 2 weeks, some that undergo central necrosis and leave behind varioliform scars. Small patches of cicatricial alopecia may result.

Definition

Follicular pustules on the scalp can occur with or without destruction of the hair follicles and scarring.

Epidemiology

Pustules on the scalp are very common, and almost everybody will develop one or more crops at some time in their life.

Aetiology

Follicular pustules may be infectious or inflammatory. Common infectious organisms include staphylococci bacteria and pityrosporum yeast. Non-infectious inflammatory non-destructive folliculitis can be seen with acne vulgaris, eosinophilic folliculitis and seborrhoeic dermatitis. As the pustules are frequently itchy and excoriated secondary infection may occur.

Destructive folliculitis can be a feature of acne necrotica, folliculitis decalvans and dissecting cellulitis of the scalp.

Clinical features

The first manifestation is an intensely itchy or slightly painful follicular papule that may occur anywhere in the scalp, but is most characteristic on the vertex. These are frequently excoriated before resolving slowly over 1 to 2 weeks. Lesions may occur singly or in crops.

In acne necrotica the lesions most commonly occur around the frontal hair line. The initial papule becomes a pustule that becomes umbilicated. In acne necrotica they then develop central necrosis and ulceration that eventually crusts over. When the crust is shed it leaves behind a depressed varioliform scar. Patches of cicatricial alopecia may result.

Sometimes there is intense pruritus out of keeping with the objective signs.

Pathology

Histology shows an acute inflammatory infiltrate in the follicular infundibulum and beneath the adjacent stratum corneum. Disruption of the hair follicle produces dermal inflammation. Colonies of bacteria or yeast may be seen in the follicle.

In addition to these changes, in acne necrotica the folliculitis is accompanied by necrosis of the hair follicles and a predominantly lymphocytic perivascular and periappendageal inflammatory infiltrate.

Investigation

Bacterial cultures may grow staphylococci, while a gram stain of biopsy tissue reveals the gram positive pleomorphic rods of *P. Acnes*.

Diagnosis

It is not always possible to determine the cause of the pustules clinically and a trial of

empirical treatment is useful.

Associated Features

Patients may have acne or folliculitis elsewhere.

Prognosis

Untreated, new lesions continue to develop at irregular intervals. The condition runs a long course over many years, although there may be only a small number of active lesions present at any one time.

Treatment

Tetracyclines used as for acne vulgaris will usually induce remission and are often combined with an anti-yeast or tar shampoo. Maintenance therapy is usually required with long term antibiotic therapy and medicated shampoos. Resistant cases may benefit from isotretinoin, which may need to be continued longterm. However insufficient numbers of patients have been treated with this drug to make firm conclusions about its efficacy.
