Read Item - Folliculitis Decalvans

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Abstract: Doctors' resource on folliculitis decalvans

Key Points

The cardinal feature of folliculitis decalvans is a scarring alopecia with pustules either at the active margin of the patch or elsewhere in the scalp where new areas are evolving. An abnormal host response to staph. aureus is postulated as most people with folliculitis do not develop a scarring alopecia.

Definition

A scarring alopecia, associated with pustules.

Epidemiology

Men may be affected from adolescence onwards, while women tend not to get this condition until their thirties.

Aetiology

Bacterial folliculitis associated with inflammation that destroys the hair bulge. Staphylococcus aureus is commonly isolated from the follicular pustules.

Pathogenesis

Many people develop a bacterial pustular folliculitis of the scalp at some stage. In the vast majority it is transient, resolves with antibiotics and heals without scarring. In some people the folliculitis is more persistent, tends to recur after apparently successful treatment with antibiotics and produces a scarring alopecia. An abnormal host response to staphylococcus aureus is postulated which may be the result of a defect in cell-mediated immunity.

Clinical features

Following a pustular folliculitis of the scalp, multiple rounded patches of alopecia develop, each patch surrounded by a few follicular pustules. Successive crops of pustules appear and are followed by progressive destruction of the affected follicles. In some cases the folliculitis spreads along the scalp margin in a coronal pattern, or along the edge of an androgenetic alopecia. The scalp may be the only site affected or there may be involvement of virtually any hairy region of the body.

Tufted folliculitis is a variant of folliculitis decalvans where circumscribed areas of scalp inflammation heal with scarring characterised by tufts of up to 15 hairs emerging from a single follicular orifice. It is a variant of folliculitis decalvans. Staph. aureus can be cultured from affected scalps and the histology of these two conditions is similar. The tufts consist of a central anagen hair surrounded by telogen hairs, each arising from independent follicles, converging towards a common dilated follicular infundibulum. Cases in which the tufts comprised only anagen hairs have also been described. Based on an animal model, it is suggested that erythema and scaling are the initial events and the tufting is a consequence of the emergence of hairs from beneath the free edge of the scales.

Pathology

Histology reveals follicular abscesses with a dense perifollicular polymorphonuclear infiltrate and scattered eosinophils and plasma cells. Foreign body granulomas occur in response to follicular disruption, which is succeeded by scarring. Eventually all that remains of the follicle is extensive fibrosis. An elastin stain is useful for demonstrating scarring.

Investigation
A scalp biopsy is required to confirm the diagnosis and swabs should be taken of any pustules. Investigation for an underlying defect in cell mediated immunity is generally unrewarding, but is indicated in certain cases.

Differential Diagnosis
A fungal kerion may mimic folliculitis decalvans. Hairs should be plucked for fungal culture and a PAS stain should be performed on the scalp biopsy.

Associated Features
Seborrhoeic dermatitis commonly co-exists.

Prognosis
Most cases follow a chronic and relapsing course. Eventually the condition burns out, however this may take many years.

Treatment
The essential treatment is eradication of Staph. aureus from the scalp. Prolonged courses of flucloxacillin induce remission, but relapse occurs when the antibiotics are stopped. Rifampicin eradicates staphylococcal nasal carriage and may produce prolonged remissions. Isotretinoin has been used to alter the follicular environment to make it less suitable for staph. colonisation, but may increase cutaneous staph. Carriage and make the condition worse. Tufting may be reduced by measures directed at reducing the scale, such as the use of tar shampoos and topical keratolytics.