Scarring Alopecia: Diagnostic Challenges

Melissa Peck Piliang, MD
Dermatology and Anatomic Pathology
Cleveland Clinic
DISCLOSURE OF RELATIONSHIPS WITH INDUSTRY

Melissa Piliang, MD
Scarring Alopecia Diagnostic Challenges

DISCLOSURES
I do not have any relevant relationships with industry.
Investigator for Samumed, Kythera, Incyte, Concert, Allergan
Advisory Board/Consultant: Samumed, Castle Biosciences, Proctor and Gamble
Postmenopausal Frontal Fibrosing Alopecia

Scarring Alopecia in a Pattern Distribution

Steven Kossard, FACP

**Backgrounds:** Recession of the frontal hairline is a common event in postmenopausal women. This has been shown not to be a marker of gross androgenization, and is usually a progressive nonscarring alopecia. Six postmenopausal women, who developed a progressive frontal scarring alopecia, were studied and their clinical and laboratory data, as well as the results of scalp biopsy specimens in all six patients, were analyzed and compared with recognized forms of scarring alopecia and recently described findings in androgenetic alopecia.

**Observations:** The six postmenopausal women developed a progressive frontal hairline recession that was associated with perifollicular erythema within the marginal hairline, producing a frontal fibrosing alopecia extending to the temporal and parietal hair margins. Scalp biopsy specimens from the frontal hair margin showed perifollicular fibrosis and lymphocytic inflammation concentrated around the isthmus and infundibulum areas of the follicles. Immunophenotyping of the lymphocytes showed a dominance of activated T-helper cells. Clinical review of all six cases showed a progressive marginal alopecia without the typical multifocal areas of involvement seen in lichen planopilaris or pseudopelade. None of the patients had mucous membrane or skin lesions typical of lichen planus. Hormononal studies, in five patients, showed no elevated androgen abnormalities.

**Conclusions:** Progressive frontal recession in postmenopausal women may show clinical features of a fibrosing alopecia. The histologic findings are indistinguishable from those seen in lichen planopilaris. However, the absence of associated lesions of lichen planus in all six women raises the possibility that this mode of follicular destruction represents a reaction pattern triggered by the events underlying postmenopausal frontal hairline recession.

*(Arch Dermatol. 1999;130:770-774)*
Frontal Fibrosing Alopecia

• Progressive band-like alopecia
• Frontal hairline
• Inflammatory papules at hairline
• Considered a clinical variant of LPP
Frontal Fibrosing Alopecia

- Middle-aged, post-menopausal women
  - Rarely men, but does happen
  - Rarely young women
- Preferential involvement of vellus and intermediate hair follicles
- Eyebrows are affected in 50% to 75%
- Less frequently, eyelashes and hairs in the axilla
- Body vellus involvement -> Arms, axilla, pubic
  - Manifested almost always as non-inflamatory diffuse hair loss
Difficult Clinical Diagnosis

- Confused with AGA, Alopecia Areata
- Subtle scarring Inflammation may be sparse
- Symptoms mild or absent
- Loss of eyebrows and/eyelashes = alopecia areata
- Often younger women or men
Clues?
Atrophy
Hypopigmentation
Hypopigmentation in FFA

Wood’s light

Courtesy Dr. Wilma Bergfeld

White ban frontal hair line
Subtle Hypopigmentation

Wood's Light
Decrease melanocytes in FFA

Courtesy Dr. Wilma Bergfeld
Prominent Veins
Kossard S. Arch Derm 1994
Always Lift the Bangs
Young Women
Hypopigmentation
Unusual Distribution
Always Look Behind the Ears
It Happens in African Americans....
Diagnostic Clues to Frontal Fibrosing Alopecia in Patients of African Descent

VALERIE D. CALLENDER, MD; SOPHIA D. REID, MD; OLUBUSAYO OabayAN, MD, MPH; LIZA MCCLELLAN, MD; LEONARD SPERLING, MD

Department of Dermatology, Howard University College of Medicine, Washington, DC; Department of Dermatology, Albert Einstein College of Medicine, Bronx, New York; Department of Dermatology, Roger Williams Medical Center, Providence, Rhode Island; Department of Dermatology, Uniformed Services University of the Health Sciences, Bethesda, Maryland
Rapid onset loss of eyebrows and eyelashes

Hypopigmentation
Perifollicular Erythema
It Happens in Men....
Images courtesy of Dr. Wilma Bergfeld
Facial Papules

Dyspigmentation

Images courtesy of Dr. Wilma Bergfeld
Facial Papules
From: **Facial Papules in Frontal Fibrosing Alopecia: Evidence of Vellus Follicle Involvement**

Facial Papules in Fibrosing Alopecia in a Pattern Distribution (Cicatricial Pattern Hair Loss)

Ausrine Ramanauskaite, Ralph M Trüeb

Vilnius University Hospital Santariskiu Klinikos, Center of Dermatovenerology, Vilnius, Lithuania and Center for Dermatology and Hair Diseases Professor Trüeb, Zurich-Wattisellen, Switzerland

ABSTRACT

Frontal fibrosing alopecia (FFA) and fibrosing alopecia in a pattern distribution (FAPD) represent clinically distinctive conditions characterized by pattern hair loss with evidence of follicular inflammation and fibrosis. Since Kossard's original description, the condition has been recognized to represent a rather generalized than localized process, with extension well beyond the frontotemporal hairline. More recently, peculiar facial papules have been reported in FFA representing facial vellus hair involvement. We report the case of a 42-year-old woman with FAPD associated with the same facial papules, supporting that both entities belong to the same spectrum of cicatricial pattern hair loss.

Key words: Facial papules, frontal fibrosing alopecia, fibrosing alopecia in a pattern distribution, cicatricial pattern hair loss
Facial lesions in frontal fibrosing alopecia (FFA): Clinicopathological features in a series of 12 cases

Arantxa López-Pestaña, MD, Anna Tineu, MD, PhD, Carmen Lobo, MD, PhD, Nerea Ormaechea, MD, José Zubizarreta, MD, Susana Vildosola, MD, PhD, and Elena Del Alcazar, MD

San Sebastián, Spain
? Lichen planus pigmentosis?
Dermoscopy

White patches and lack of follicular orifices
Beware of Lichenoid Keratoses
Discoid Lupus Erythematosus

- Mimics AK – histology
- Beware or superficial biopsy, recurrent AK’s
- Punch biopsy
Always Think About Contact Dermatitis
Biopsy showed:
- Spongiotic dermatitis with eosinophils
- Impetiginization
- Telogen effluvium

Culture grew MSSA, negative fungus
Clues:
- Cyclical recurrence – coincided with hair coloring
- Weeping
- Extreme pruritus
Summary

• Clinical Clues
  • Hypopigmentation
  • Prominent veins
  • Loss of eyebrows/eyelashes
  • Density gradient

• Unusual presentations - Beware
  • Men
  • Young women
  • Parietal scalp/ophiasis -> may spare frontal hair line

• Other
  • Facial papules
Thank You!

pilianm@ccf.org