Disclosures

• I do not have any relevant relationships with industry

• Investigator:
  • Samumed, Kythera, Incyte, Concert, Allergan

• Advisory Board/Consultant:
  • Samumed, Castle Biosciences, Proctor and Gamble
Scarring Alopecias

• Evaluation
  • Labs
  • Biopsy
  • Additional tests

• Present diagnostic challenge:
  • May start subtly
  • Well described clinical patterns – variations often missed
  • Age/gender/ethnic variations
  • Biopsy location key for accurate diagnosis
  • Mimicker other diagnoses
  • Mask other diagnoses
Cicatricial Alopecia - Overlap

Inflammatory and Scarring Alopecic Disorders

Modified Sperling, Arch Dermatol 2000
Evaluation
History

• Thorough

• Symptoms
  • Pain, pruritus, itch
  • Scale
  • Pustules, oozing

• Course
  • Rapid onset
  • Slow and steady

• Prior treatments
Bacterial and Fungal Culture

- Pustules
- Scale
- Pain
- Drainage

Folliculitis Decalvans with staph colonization

Tinea Capitis
Laboratory Evaluation

- **General Health**
  - CBC
  - CMP

- **Nutritional**
  - FERRITIN
  - ZINC
  - VITAMIN D

- **Hormonal**
  - TSH

- **Others (as indicated)**
  - Autoimmune - lupus
    - ANA
  - AA/LPP/FFA
    - MICROSOMAL AB
  - Androgen Excess
    - DHEAS
    - TESTOSTERONE (FREE & TOTAL)
    - SHBG
    - HgA1C
Dermoscopy

White patches and lack of follicular orifices

Lichen Planopilaris

JAAD Dec 2015
Wood’s Light

Wood’s light

Courtesy Dr. Wilma Bergfeld

White ban frontal hair line
Scalp Biopsy

• Two punch specimen
  • Vertical
  • Horizontal

• One punch specimen for DIF

P. Foliaceous
Scalp Biopsy

Lichen Planopilaris

Frontal Fibrosing Alopecia
Scalp Biopsy
Folliculitis decalvans (and other inflammatory alopecias)
Frontal Fibrosing Alopecia: Clues
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, legs
  • Manifested almost always as non-inflammatory 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
Atrophy
Hypopigmentation
Decrease melanocytes in FFA
Prominent Veins
Postmenopausal Frontal Fibrosing Alopecia

Scarring Alopecia in a Pattern Distribution

Steven Kossard, FACD

Kossard S. Arch Derm 1994
Always Lift the Bangs
Young Women
Hypopigmentation
Unusual Distribution
Always Look Behind the Ears
Facial Papules
From: **Facial Papules in Frontal Fibrosing Alopecia: Evidence of Vellus Follicle Involvement**

Facial lesions in frontal fibrosing alopecia (FFA): Clinicopathological features in a series of 12 cases

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

JAAD Dec 2015
Lichen planus pigmentosis
FFA and LPP Happen in African Americans....
Diagnostic Clues to Frontal Fibrosing Alopecia in Patients of African Descent

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Rapid onset loss of eyebrows and scalp hair
Perifollicular Erythema
Clues in African Americans

- It is not insidious
- Symptoms
- Rapid loss
- Perifollicular erythema
- Subtle atrophy
Scarring Alopecia Happens in Men....
Images courtesy of Dr. Wilma Bergfeld
Facial Papules

Dyspigmentation

Images courtesy of Dr. Wilma Bergfeld
Mimics

A Reminder to Biopsy
Beware of Lichenoid Keratoses

Lupus Erythematosus
• Superficial and deep infiltrate
• Perivascular and periadnexal
• Follicular plugging
Interface dermatitis
-Follicular
-Interfollicular
Discoid Lupus Erythematosus

• Mimics AK or SCC – clinical and histology
• Beware or superficial biopsy, recurrent AK/SCC
• Biopsy technique critical
  • Punch!
• Middle aged man
• Scalp dermatitis and hair loss
• VERY itchy
Treatment

- Methotrexate
- Azathioprine
- Prednisone
- Topical steroids
- Antihistamines
Crusted (Norwegian) Scabies

• All immunosuppressant medications stopped

• Treatment:
  • Permethrin -> x2, 1 week apart
  • Ivermectin -> x2, 2 weeks apart
Outcome

• Pruritus rapidly improve

• LP Pigmentosa faded

• Body and facial itch resolved

• Scalp scale and itch – persisted, but mild

• Alopecia and perifollicular erythema persisted

• Repeat scalp biopsy -> LPP without scabies
Crusted Scabies on the Scalp Mimicking Seborrheic Dermatitis

(See page 844 for the Photo Quiz.)

Figure 1. Erythema with hyperkeratotic scales over the left temporal area and ear.

Figure 2. The skin scraping showed 3 scabies mites (arrows) under microscopic examination (×100).

Diagnosis: Crusted Scabies

An 85-year-old woman presented to dermatologic clinic for scalp scaling of several week's duration. The clinical picture is shown as Figure 1. Skin scrapings showed multiple scabies mites present in crusted scabies, using skin scraping to achieve diagnosis is easier than in classic scabies. Practitioners should keep this diagnosis in mind, especially with high-risk patients. The treatment was similar to that of classic scabies, but crust and scale
• When symptoms are out of proportion to findings
• Gets worse with treatment
  • -> Repeat biopsy!
48 yo with pre diabetes
- Hair loss
- Scalp pustules
- Folliculitis
- No pruritus
Tinea Capitis

• Biopsy and cultures

• Treatment: griseofulvin

• Resolved
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

• Mimics
  • Lupus erythematosus
  • Infections
Thank You!
pilianm@ccf.org
Erythema
Scaling
Peri follicular
hyperkeratosis

Itching
Burning
Pain

Woods light (blue UV light)
Yellow scales/peri follicular
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 infundibulum and isthmus 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. Hormonal 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. 1994;130:770-774)
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
Central Scalp Hair Loss
CCCA or AGA?
CCCA
CCCA – Biopsy location important