Approach to the Male Skin of Color Patient with Acne Keloidalis Nuchae and Pseudofolliculitis Barbae

Victoria Holloway Barbosa, MD, MPH, MBA
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Disclosure

Millennium Park Dermatology
Chicago, IL

Rush University Medical Center
Clinical Assistant Professor

No Conflicts
Bumps on the Back of the Neck
Acne Keloidalis Nuchae

- Referred to in the literature as sycosis nuchae, keloidal folliculitis and folliculitis keloidalis nuchae
- Primary mixed cicatricial alopecia
- Papules, pustules and/or keloidal plaques at the occiput and/or nape of the neck
- May be asymptomatic or accompanied by itching, pain or bleeding
- Reported primarily in men of African descent but also reported in African American women, Latin American men and women, Asian men and Caucasian men
AKN: Etiology

- Unknown

- Possible role of
  - Androgens
  - Inflammation
  - Infection
  - Trauma
  - Genetics
  - Ingrown hairs
AKN: Role of Hair Cutting

- 1042 children and 847 adults were evaluated to assess determinants for AKN
- Odds of having AKN greater in the 25-50 yo group, lower in <25 and > 50
- 86% wore hair close to the scalp
- 47% reported transient papules after haircutting
- 32% reported bleeding

AKN: Marker of Metabolic Disease?

- Case series of 4 Indian patients with AKN and acanthosis nigricans, no curly hair or helmet use

- Retrospective analysis of visits to the Dermatology Clinic at the University of the West Indies from 2000-2014
  - 1031 Patients, 43 (4.2%) with AKN
  - 7:1 M:F ratio
  - PFB associated with keloidal plaques on the scalp (OR 6.22)
  - AKN associated with any metabolic disease (OR=14) and specifically HTN (OR = 6.75)
AKN: Diagnosis

- **History**
  - Hairs being cut very short

- **Physical Exam**
  - Size and number of lesions

- **Laboratory studies**
  - Bacterial culture
  - Fungal culture

- **No biopsy needed**
AKN: Also Consider…

- Metabolic Syndrome
  - Truncal obesity
  - Hypertension
  - High blood sugar
  - High serum triglycerides
  - Low HDL levels
AKN: Men’s Beliefs - Education Needed

- 1003 Nigerian men surveyed in an urban setting
- Mean age 31.6
- Prevalence of AKN 2.7%

<table>
<thead>
<tr>
<th>Cause of Bumpsu</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection from barber</td>
<td>41.9</td>
</tr>
<tr>
<td>Hereditary</td>
<td>11.0</td>
</tr>
<tr>
<td>Poor shaving technique</td>
<td>8.1</td>
</tr>
<tr>
<td>Cuts from shaving</td>
<td>5.2</td>
</tr>
<tr>
<td>Inadequate care after shaving</td>
<td>3.9</td>
</tr>
</tbody>
</table>

AKN: Treatment Options

- **Topical**
  - Steroids
  - Antibiotics
  - Retinoids

- **Intralesional Kenalog**
  - 5-40 mg/cc

- **Cryotherapy**

- **Systemic**
  - Antibiotics
  - Retinoids

- **Surgical excision**
  - Healing by secondary intention

- **Laser**

- **UVB**

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AKN: Laser Treatments

- **1064-nm ND:Yag**

- **810 nm Diode**

- **755-nm Alexandrite**
AKN: Additional Options

- Ultraviolet B x 16 weeks
AKN: Treatment Approach

- **Mild disease**
  - Topical steroids with or without tretinoin
  - Intralosomal kenalog 10-40 mg/cc
  - LN2
  - Topical antibiotics if indicated
    - Clindamycin or erythromycin

- **Moderate Disease**
  - Intralosomal kenalog 10-40 mg/cc
  - Topical or oral antibiotics if indicated
    - Doxy, minocycline, erythromycin, rifampin
  - Tangential shave f/b ILK or punch excision
  - LN2
  - Laser epilation: Nd:Yag, diode
AKN: Treatment Approach

- Severe disease
  - Prednisone taper
  - Elliptical excision with primary closure
  - Excision with skin grafting
  - Excision with healing by secondary intention
  - Laser rx

- Prevention of new lesions
  - Avoidance of short haircuts
  - Avoidance of irritation from shirt collars
  - Maintenance on topical steroids +/- tretinoin

Bumps on the Face
Curly Hair
Pseudofolliculitis Barbae
PFB: Overview

- Referred to by patients as “razor bumps” or “ingrowns”
- Referred to in the literature as folliculitis barbae traumatica, sycosis barbae and chronic scarring folliculitis of the Negro beard
- Papules and pustules in the beard region which may result in post-inflammatory hyperpigmentation, keloid formation and/or linear scarring
Pseudofolliculitis Barbae
Coarse, curled hairs penetrate the follicle before exit or the skin after exiting the follicle.

Resulting inflammation.

Disproportionately affects AA men; prevalence estimates 45%-85%.

Shaving.
PFB: Diagnosis

- **History**
  - Hair removal
  - OTC product use

- **Physical Exam**
  - Size, number and location of lesions
  - Papules, pustules, hyperpigmentation, depressed scars, keloids

- **Laboratory studies**
  - Bacterial culture

- No biopsy
PFB: Approach to Treatment

- Topical
  - Retinoids, glycolic acid, benzoyl peroxide, clindamycin, steroids
- Intralesional Kenalog 10-40 mg/cc
- Cryotherapy
- Laser epilation
**PFB: Laser treatments**

**Diode**

**ND:Yag**
PFB Prevention: All or None

- Grow a Beard!
  - Discontinue shaving if possible
  - May require a physicians letter for work
- Laser hair removal
PFB Prevention: Facial Grooming

- Experiment with hair removal techniques
  - Depilatories, electric shavers, foil guard razors, multiple blade razors

- Encourage pre-shave hydration and post-shave moisturization

- OTC products
  - BP shave gels
  - Glycolic, salicylic and phytic acid containing products
  - Moisturize
Summary

- Both ANK and PFB may be preventable with a few moments of education.
- Male patients may not be aware that we as dermatologists are able to treat these conditions, feel free to speak up!
- Better understanding of etiology and more treatment options are needed!