Lichen planopilaris and its variants

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DISCLOSURE OF RELATIONSHIPS WITH INDUSTRY

Antonella Tosti, MD
S048 Lichen planopilaris and its variants

DISCLOSURES

Taylor&Francis: Royalties
Trichoscopyonline: Royalties
Fotofinder: Consultant
Lichen Planopilaris

Most common cause of cicatricial alopecia

- Severe scalp itching
- Multiple irregular areas of scarring alopecia
Lichen Planopilaris

Diagnostic features

Loss of follicular openings
Peripilar casts
Hair tufting
Lichen Planopilaris

Loss of follicular openings

May or may not be associated with inflammatory changes

Inflammatory changes indicate disease activity
Lichen Planopilaris

Always use dry dermoscopy to look for casts!!

Don’t use interface solution!!
Lichen Planopilaris

Other features

Scalp erythema
Broken hairs
Pili torti
Black dots
Absence of vellus hairs
Frontal Fibrosing Alopecia

Scarring alopecia causing progressive recession of the fronto-temporal hairline

Most common in post-menopausal women

Partial or complete loss of the eyebrows

Facial papules

Hair loss in the limbs
Frontal Fibrosing Alopecia

Diagnostic features

Absence of vellus hairs

Peripilar casts

Frontal Fibrosing Alopecia

Black dots

Presence of a few black dots along the hairline is very common in FFA.
Frontal Fibrosing Alopecia Severity Index: A Trichoscopic Visual Scale That Correlates Thickness of Peripilar Casts with Severity of Inflammatory Changes at Pathology

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Frontal Fibrosing Alopecia activity index

Correlates thickness of peripilar casts with severity of inflammatory infiltrate at pathology.

Data obtained from 20 dermoscopy guided biopsies

Useful to establish disease activity in different scalp areas

<table>
<thead>
<tr>
<th>Grade</th>
<th>Quantitative values</th>
<th>Qualitative values</th>
<th>Lymphocytes/field/40x</th>
<th>Results (Median)</th>
<th>Trichoscopy vs Histological validation</th>
<th>Concordance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 1</td>
<td>&lt; than 0.2 mm</td>
<td>Mild/Thin</td>
<td>&lt;5</td>
<td>0.12 - 0.16 mm (0.15 mm)</td>
<td>54/56 (91% / 0.83)</td>
<td></td>
</tr>
<tr>
<td>Grade 2</td>
<td>0.2 - 0.44</td>
<td>Moderate/Thin to thick</td>
<td>5-10</td>
<td>0.2 - 0.44 mm (0.40 mm)</td>
<td>64/70 (91% / 0.80)</td>
<td></td>
</tr>
<tr>
<td>Grade 3</td>
<td>&gt;0.44</td>
<td>Severe/Thick</td>
<td>&gt;10</td>
<td>0.50 - 0.70 mm (0.60 mm)</td>
<td>14/14 (100% / 1.0)</td>
<td></td>
</tr>
</tbody>
</table>

Kruskal-Wallis p value <0.0001.

Spearman correlation of 0.905, p<0.0001

*Thickness of the casts, correspond to distance from hair shaft to outermost site affected on scalp.
Fibrosing alopecia with a pattern distribution

Thinning of centroparietal scalp with a pattern that resembles androgenetic alopecia

Scalp itching
Fibrosing alopecia with a pattern distribution

Dermoscopy

Hair shaft variability

Peripilar casts

Hair tufting

V sign
Fibrosing alopecia with a pattern distribution

Diagnosis confirmed by

Pathology

Need to take biopsy in the right place!
Need horizontal sections!
Need experienced pathologist!
Thank you!