



UNVEILING A RARE SCALP DISORDER:FOLLICULITIS DECALVANS

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ABSTRACT Folliculitis Decalvans (FD) is a rare chronic disorder characterized by follicular inflammation leading to scarring alopecia. We present a case of a 35-year-old man presenting with chief complaints of patchy hair loss and pustules over the occipital region extending to the nape of neck persisting for a year despite various topical and oral medications. Cutaneous examination revealed an oval alopecic patch with the border showing erythema, follicular pustules, and crusting. Multiple hairs arising from a single orifice present at the centre of the patch. Dermoscopy showed tufted hairs, follicular pustules, perifollicular erythema, and crusting. Histological analysis confirmed FD showing a dense perifollicular lichenoid inflammatory infiltrate composed of lymphocytes, histiocytes and plasma cells, associated with follicular destruction and scarring. FD manifests between the ages of 30 to 60, affecting both genders equally, with an unknown etiology, though Coagulase-positive *S. aureus* is often implicated. Tufted folliculitis is a variant of FD, typically resistant to treatment. This case underscores the challenges in managing FD and highlights the importance of early recognition and aggressive treatment strategies.

KEYWORDS : Folliculitis Decalvans, occipital ,*S. aureus*, Tufted folliculitis

INTRODUCTION

Folliculitis decalvans is a rare type of inflammatory scalp condition characterized by the development of pustules, crusts, and scarring alopecia. It involves chronic inflammation of the hair follicles, leading to irreversible hair loss. This condition typically presents with patches of baldness, often accompanied by follicular pustules and scarring, especially on the crown and occipital scalp regions. Folliculitis decalvans can be challenging to treat and may require long-term management with antibiotics, anti-inflammatory medications, and sometimes surgical intervention.

CASE STUDY

A 35 year old man presented with chief complaints of patchy hair loss associated with pustules over the occipital region extending to the nape of neck for the past one year . Initially he developed erythematous papules and pustules over the back of head which are covered by crust and later progressed to bald patch. He tried various topical and oral medications for 3 months but didn't get any sign of improvement.



Figure 1: Photograph of the patient with cicatricial alopecia over the occipital region of scalp.

Upon examination, the patch was oval with a border displaying redness, follicular pustules, and crusting. Multiple hairs emerged from a single opening at the center of the patch. Dermoscopy revealed multiple tufted hairs, follicular pustules, perifollicular erythema, and crusting. Scalp biopsy histology confirmed Folliculitis Decalvans, showing a dense perifollicular lichenoid inflammatory infiltrate composed of lymphocytes, histiocytes and plasma cells, associated with follicular destruction and scarring. Patient was treated with the combination of rifampicin with doxycycline along with topical mupirocin.



Figure 2: Photograph of dermoscopy showing tufted folliculitis.

DISCUSSION

Folliculitis decalvans (FD), also known as Acne Decalvans or Quinquaud's Disease was originally identified by Quinquaud ,with "Decalvans" originating from Latin, indicating "making bald." [1] This condition typically manifests between the ages of 30 and 60, with both males and females equally susceptible. It constitutes approximately 11% of all cases of cicatricial alopecia.[2] The exact etiology of the disease remains unidentified. Proposed mechanisms include chronic bacterial folliculitis or alterations in the host's immune responses. Coagulase-positive *S. aureus* is frequently isolated.

The significant clinical characteristics include: (a) Inflammation surrounding scalp follicles, presenting as pustules followed by exudation, suppuration, and crusting. (b) Peripheral extension and central healing resulting in patchy cicatricial alopecia due to chronic inflammatory infiltration in the perifollicular connective tissue.(c) almost complete lack of symptoms; (d) chronic course (e) Remarkable resistance to treatment,all of which are seen in this patient.Tufted folliculitis, a variant of FD, features tufts of hair as the predominant characteristic surrounding small patches of hair loss. Multiple hair tufts emerge from a single dilated follicular orifice, resembling "doll's hair." [3]

Histopathology shows atrophy of the epidermis with the early lesions showing a peri- and intrafollicular neutrophilic infiltrate which is replaced by plasma cells, lymphoid cells, and fibroblasts in older lesions. During the healing process, fibrosis occurs, leading to the complete disappearance of follicles and sebaceous glands.

Treatment includes a combination therapy consisting of rifampicin (300 mg twice daily) for 10 days along with either cephalexin (500 mg

four times daily), clindamycin (300 mg twice daily), doxycycline (100 mg twice daily), clarithromycin, or cotrimoxazole for 10 weeks has demonstrated efficacy. Additionally, topical antibiotics such as clindamycin phosphate 1% solution/gel, mupirocin cream, or fusidic acid 1% can be applied.[4]

CONCLUSION

Folliculitis Decalvans (FD) remains a challenging dermatological condition characterized by follicular inflammation, leading to irreversible hair loss and scarring alopecia. Despite advancements in understanding its pathogenesis and therapeutic modalities, FD often presents with resistance to treatment and a chronic course, contributing to its unfavorable prognosis.

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