

Case 18

A 42 years-old Thai female from Bangkok

Chief complaint Progressive hair loss for 2 years

Present illness The patient has developed asymptomatic diffuse hair loss especially at the frontal hairline for 2 years. She denied itching or the appearance of rash before hair loss.

Past history She is healthy and denied taking any drug regularly.

Physical examination

A middle age Thai woman, not pale, no jaundice.

Skin exam.

Scalp :diffuse thinning of hair at central and frontal area with intact follicle.

Small atrophic band of hair loss without hair follicle was observed at frontal hair line and bitemporal area.



Fig 18.1



Fig 18.2



Fig 18.3

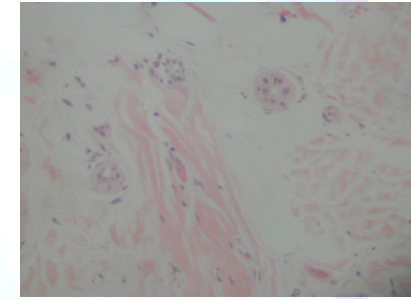


Fig 18.4

Histological examination : (S04-1925)

Skin biopsy showed normal epidermis and fibrosis of dermis with out hair follicle and few lymphocyte scattered in the dermis.

Investigation

CBC, ESR, LFT,BUN/Cr,UA : Within normal limit

FANA, antidsDNA, antiSm, Anti HIV : negative

Diagnosis

Scarring alopecia : Frontal fibrosing alopecia VS androgenetic alopecia with scarring.

Presenter

Ploysyne Busaracome

Consultant

Natta Rajatanavin

Discussion

Traditional scarring alopecia can be subdivided into 2 categories. The first is primary scarring alopecia, in which the target of inflammation is the follicle. In secondary scarring alopecia, the follicle is merely an "innocent bystander" in the disease process and is destroyed in a nonspecific manner. Examples of secondary scarring alopecia include cutaneous sarcoid, morphea, necrobiosis lipoidica, lupus vulgaris, and a host of other destructive cutaneous diseases.

In this case the histological finding shows permanent loss of hair follicle without any sign of inflammation which contribute to end stage of disease. The patient refused history of rash or abnormality of scalp before hair loss, so the differential diagnosis confines within

1. **Lichen planopilaris (Frontal Fibrosing Alopecia subtype):** It is an inflammatory scarring alopecia predominantly affecting the anterior hairline, but most of patients have lichen planus lesions and in postmenopausal period.
2. **Fibrosing alopecia in a pattern distribution (FAPD) :** It is typical androgenetic alopecia develop inflammatory scarring alopecia affecting only the balding scalp. The immune system of these patients apparently recognizes miniaturizing follicles as being abnormal; consequently, lichenoid inflammation targets the miniaturizing follicles for destruction. Treating the "abnormal" miniaturizing follicles with antiandrogens may cause regression of disease. This hypothesis is novel and intriguing and has the virtue of being amenable to further study.
3. **Pseudopelade of Brocq :** It is progressive cicatricial alopecia, without clinically evident folliculitis, represents the end stage or clinical variant of various other forms of scarring alopecia., it is a diagnosis of exclusion.

The patient was treated with hair transplant and had a good cosmetic result.

References

1. Catherine F Faulkner, Niall J Wilson† and Stephen K Jones. Frontal fibrosing alopecia associated with cutaneous lichen planus in a premenopausal woman. *Aust J Dermatol* 2002; 43: 65–67
2. E. Naz, C. Vidaurra † zaga, N. Hernandez-Cano, P. Herranz, M. Mayor, M. Hervella and M. Casado. Postmenopausal frontal fibrosing alopecia. *Clin Exp Dermatol* 2003;28; 25–27

3. G. Dawn, S. C. Holmes, D. Moffatt† and C. S. Munro. Postmenopausal frontal fibrosing alopecia. *Clin Expe Dermatol* 2003: 28; 43–45
4. Martin S. Zinkernagel, Cand Med; Ralph M. Tru ‐ eb. Fibrosing Alopecia in a Pattern Distribution. *Arch Dermatol* 200;136;205-211
5. Sperling LC. A new look at scarring alopecia. *Arch Dermatol* 2000; 136 : 235 – 42.

Ramathibodi
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