

CASE 8

A 13-year-old boy from Bangkok

Chief complaint:

Hair loss for 3 years

Present illness:

He initially presented with localized hair loss on the occipital scalp without pain or itchiness. He denied performing any hair pulling. He was previously treated in some clinic for more than 2 years and was injected twice, this therefore resulted in short hair formation. However they did not grow up any longer.

Past history:

Normal growth development

Previously healthy

Physical examination:

A healthy Thai boy, no pale, no jaundice

Skin: Linear bizarre shape of non-scarring alopecia with re-growth of hair follicles on occipital scalp. Hair pulling test was negative.

Microscopic examination: normal hair

Histopathology: (S06-04972)

Dense inflammatory cells infiltrate in the fat lobules and dermosubcutaneous junction, hyalinized necrosis of the fat cells.

The cellular infiltrates are mostly lymphocytes.



Fig. 8.1

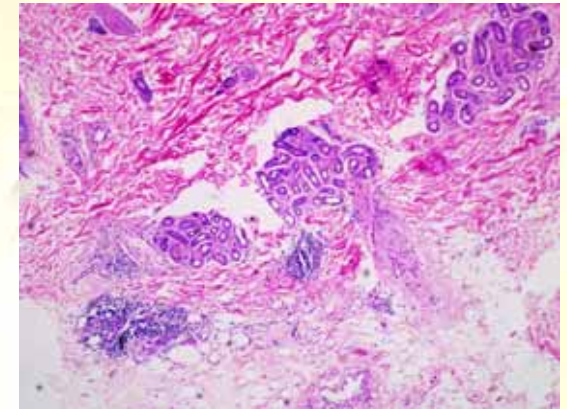


Fig. 8.2

Diagnosis: Lupus panniculitis

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Discussion:

Lupus panniculitis consists of tender subcutaneous nodules and plaques arising on the face, upper outer arms, shoulders, hips, and trunk. The lack of involvement of distal extremities is noteworthy. Scalp manifestations include subtle erythema, scalp tenderness, and scarring alopecia. Lupus panniculitis commonly associated with CCLE and less commonly with SLE. Microscopically, there is a marked predominance of lymphocytes, accompanied by plasma cell. Hyaline necrosis of fat lobules is a characteristic feature. With DIF, a positive lupus band can be identified in the

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overlying skin. These lesions have a chronic, relapsing clinical course, and treatment must be often given for several years.

Alopecia areata commonly presents as round or oval patches of non-scarring hair loss. Short 'exclamation point' hairs can often be seen. Pathologically, the hair cycle is disrupted. Langerhans' cells and CD4+ lymphocytes can be seen in the peribulbar and perivascular areas and in the external root sheath as well as follicular streamers. Apoptosis has been observed in the outer root sheath keratinocytes as expected in catagen, but also in matrix keratinocytes, melanocytes, Langerhans' cells and dermal papilla cells.

This 13-year-old-boy presented with linear bizarre shape of non-scarring alopecia closely resembling alopecia areata. Scalp biopsy showed a predominantly superficial and deep perivascular and perifollicular infiltrate of mostly lymphocytes, which simulating lupus panniculitis. Usually lupus panniculitis can be distinguished from alopecia areata by history and by clinical examination. However, histopathologic confirmation is necessary in this variant case.

References:

1. Kossard S. Lupus panniculitis clinically simulating alopecia areata. *Australas J Dermatol* 2002 Aug;43(3):221-3.
2. Patterson JW, Panniculitis. In: Bologna JL. *Dermatology*. 1st ed. Spain: Mosby, 2003:1563-4.

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