

Title: Folliculitis Decalvans and Lichen Planopilaris Phenotypic Spectrum with Pityriasis Amiantacea: A challenging diagnosis

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Introduction: Folliculitis decalvans (FD) and lichen planopilaris (LPP) are primary cicatricial alopecias classified according to the predominant cell-type infiltrate on histopathology.¹ Recently, an overlap of FD and LPP has been described as Folliculitis Decalvans and Lichen Planopilaris Phenotypic Spectrum (FDLPPPS), which combines clinical, trichoscopic and histopathological features of both diseases.²⁻⁹ We report the case of a 21-year-old female patient with FDLPPPS associated to pityriasis amiantacea (PA), misdiagnosed as refractory seborrheic dermatitis.

Report: A healthy 21-year-old female presented with a 13-year history of intense desquamation, pruritus and alopecia on her scalp. She referred multiple consultations with general practitioners, being repeatedly treated for seborrheic dermatitis, without improvement. A year ago, she experienced a worsening of symptoms with pain and hair loss. Dermatological examination revealed a large patch of cicatricial alopecia on the vertex and crown, extending to left and right parietal scalp; intense erythema, adherent scales, yellow/hemorrhagic crusts, pustules and polytrichia. Trichoscopy and histopathological study suggested FDLPPPS. The patient was diagnosed with FDLPPPS associated to PA. The lesions showed improvement with trimethoprim-sulfamethoxazole, topical clobetasol and oral prednisone. There was no progression of alopecia after 3 months of follow-up.

Conclusion: FDLPPPS can appear as a biphasic alopecia with FD preceding LPP or as the concomitant presence of both as we described. The pathogenesis is still unclear. The childhood-onset reported herein is rare, and we were able to find only three cases in the literature. PA is commonly associated with psoriasis and seborrheic dermatitis, but can also appear on primary cicatricial alopecias. The onset of PA secondary to FDLPPPS had not been described yet, but it can occur due to the severe inflammatory condition and long duration until diagnosis. There is no standard treatment, but some cases have improved with the combination of antibacterial and oral, intralesional or topical corticosteroids.

Biography

Emilly Neves Souza has her expertise in Dermatology. She has medical degree and postgraduate degree in Dermatology from Universidade Federal do Espírito Santo (UFES). She is dedicated to the study of cutaneous diseases, with a special focus hair and scalp disorders.