

Psychological Impact of Dissecting Cellulitis: Clinical Correlations and Management

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DESCRIPTION

Dissecting cellulitis, also known as perifolliculitis capitis abscedens et suffodiens, is a rare, chronic inflammatory scalp disorder predominantly affecting young adult men. It is characterized by the formation of painful nodules, abscesses, and interconnected sinus tracts that can lead to significant scarring and permanent alopecia. This condition is one among the follicular occlusion triad, which also includes acne conglobata and hidradenitis suppurativa. The precise etiology of dissecting cellulitis remains unclear, but it is thought to involve a combination of genetic, immunological, and microbiological factors.

Clinical presentation and diagnosis

Patients with dissecting cellulitis typically present with painful, inflamed nodules and abscesses on the scalp, primarily affecting the vertex and occipital regions. These lesions can coalesce and form sinus tracts that discharge purulent material, leading to significant scarring and hair loss. The clinical course of the disease is chronic and relapsing, with periods of exacerbation and remission. Diagnosis is primarily clinical, based on the characteristic appearance of the lesions and their distribution. Dermoscopy and histopathological examination can aid in confirming the diagnosis and ruling out other conditions such as bacterial folliculitis, dermatophytosis, and cutaneous neoplasms.

Differential diagnosis

Dissecting cellulitis must be differentiated from other scalp conditions that present with similar clinical features. These include:

Bacterial folliculitis: Usually presents with pustules and papules, often accompanied by systemic symptoms such as fever.

Fungal infections: Dermatophytosis can cause similar inflammatory lesions, but KOH preparation and fungal cultures can help in identification.

Cutaneous neoplasms: Conditions like cutaneous lymphoma or metastases should be considered, particularly in atypical cases or those unresponsive to treatment.

Seborrheic dermatitis: Typically presents with less severe inflammation and is associated with dandruff and greasy scales.

Psoriasis: Can cause scalp involvement, but lesions are usually well-demarcated with silvery scales.

Treatment

The management of dissecting cellulitis is challenging and often requires a multi-faceted approach. The goals of treatment are to reduce inflammation, prevent secondary infection, and minimize scarring. Various therapeutic options include:

Antibiotics: Long-term antibiotics such as clindamycin, rifampicin, and tetracyclines have shown efficacy due to their anti-inflammatory and antimicrobial properties.

Corticosteroids: Both systemic and intralesional corticosteroids can help reduce inflammation and control acute flares.

Isotretinoin: This oral retinoid has been used with some success, particularly in cases associated with acne conglobata.

Biologics: Tumor necrosis factor-alpha (TNF- α) inhibitors like infliximab and adalimumab have shown promise in refractory cases.

Surgical intervention: In cases with extensive scarring and sinus tract formation, surgical excision and grafting may be required.

Laser therapy: Carbon dioxide laser and Nd:YAG (Neodymium-doped Yttrium Aluminium Garnet) laser have been used to ablate sinus tracts and reduce inflammation.

Psychological impact

Dissecting cellulitis can have a significant psychological impact on affected individuals due to chronic pain, visible disfigurement, and hair loss. Patients may experience anxiety, depression, and social withdrawal. Therefore, addressing the psychological aspects of the disease is an integral part of comprehensive management.

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Support groups, counseling, and psychiatric intervention may be beneficial.

Current research and future directions

Current research is focused on better understanding the pathogenesis of dissecting cellulitis and developing more effective treatments. Genetic studies aim to identify specific mutations and pathways involved in the disease. Additionally, clinical trials are investigating the efficacy of novel biologic agents and combination therapies. Future advancements in the

field may provide more targeted and personalized treatment options for patients with dissecting cellulitis.

Dissecting cellulitis is a challenging dermatological condition characterized by chronic inflammation, abscess formation, and scarring of the scalp. A multifaceted approach to diagnosis and management is essential for optimal patient outcomes. Continued research is necessary to uncover the underlying mechanisms of the disease and to develop more effective therapeutic strategies.