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Clinical Image Open Access

Scalp Sarcoidosis: A Clinical and Dermoscopic Features

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Abstract

Sarcoidosis is a systemic granulomatous disease which is frequently revealed by cutaneous lesions. Involvement of the scalp with cicatricial alopecia is exceptional. We present an observation of a patient who presented with scalp sarcoidosis as the only cutaneous manifestation of the disease. This clinical form must be known in order to make the diagnosis and allow early treatment before the installation of cicatricial alopecia.

Keywords: Sarcoidosis; Scalp alopecia; Cicatricial; Dermoscopy

Clinical Image

Sarcoidosis is a systemic granulomatous disease which is frequently revealed by cutaneous lesions. Involvement of the scalp with cicatricial alopecia is exceptional.

Dermoscopic features of scalp sarcoidosis had been rarely reported.

We present a 67-year-old woman presented with asymptomatic patchy alopecia evolving since 8 months. Personal and family history of the patient was otherwise unremarkable.

At clinical examination, she presented with alopecic patches and diffuse hair thinning on the vertex region, scalp erythema, and crusts (Figure 1).

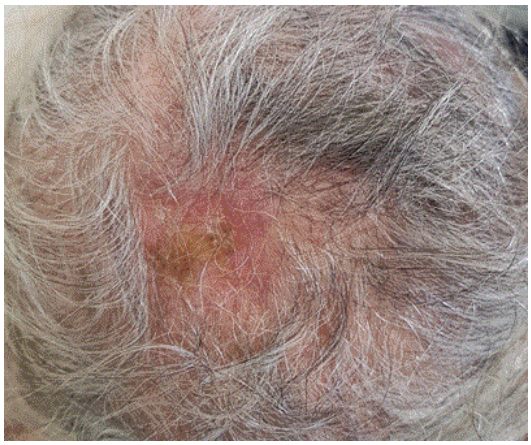

Figure 1: Alopecic patches and diffuse hair thinning on the vertex region, scalp erythema, and crusts.

Systemic examination revealed no abnormalities in any other organ.

Dermoscopy of the lesions showed focal atrichia, diffuse yellowish to pale orange coloration, dystrophic hairs, multiples branching vessels, perifollicular scaling and Peripilar tubular casts (Figure 2).

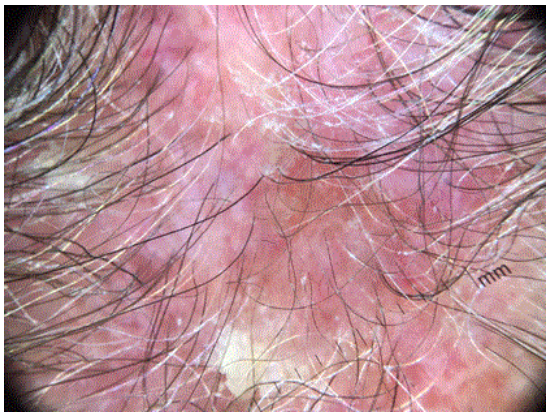

Figure 2: Dermoscopy of the lesions showing focal atrichia, diffusing yellowish to pale orange coloration, dystrophic hairs, multiples branching vessels, perifollicular scaling and peripilar tubular casts.

A 6 mm punch biopsy specimen obtained from the margin of the affected area for histopathology revealed an epithelioid non-caseating granulomas in the dermis and the superficial subcutaneous tissue, centered on hair follicles and sweat glands (Figure 3). The special colors were negative. The diagnosis of sarcoidosis was mentioned.

Biopsy of the salivary glands showed the presence of non-caseating granuloma.

Routine laboratory data, including erythrocyte sedimentation rate, CRP, serum calcium levels, calcium concentration in 24 hour urine, were all normal or negative. Except converting enzyme (ACE) level that was elevated 76 U/L. Chest X-ray and spirometry revealed normal lung function. Ophthalmological and nasal examination of the patient was unremarkable.

Kveim test was not realized in our patient.

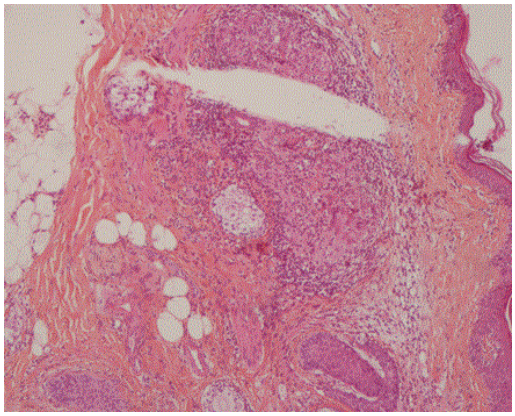

Figure 3: Epithelioid non-caseating granulomas in the dermis and the superficial subcutaneous tissue, centered on hair follicles and sweat glands.

Diagnosis of cutaneous sarcoidosis with no other organ involvement was made and the patient was given oral hydroxychloroquine 200 mg twice daily.

This clinical form must be known in order to make the diagnosis and allow early treatment before the installation of cicatricial alopecia.