Mimickers of syphilitic alopecia

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Syphilitic Alopecia: Case Reports and Trichoscopic Findings

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Syphilis – Background

• Syphilis has become widespread worldwide in the last decade
• Caused by the spirochete *Treponema Pallidum*
• Primary, secondary, latent and terciary stages
• Alopecia is uncommon: 3-7% in secondary or latent stages, typically 3-10 weeks after the appearance of the primary chancre (1)

• Asymptomatic: “essential syphilitic alopecia” (1)
• Symptomatic: associated with other symptoms of secondary syphilis
• Patchy, diffuse or both (2)
• Alopecia may affect other hair-bearing areas such as the eyebrows, eyelashes, chest, legs, axilla, or pubis
• Non-inflammatory and non-scarring
• Main differentials: alopecia areata and telogen effluvium

• Histopathologic features rarely described in the literature
• Most frequent finding is perifollicular lymphocytic infiltrate
• Diagnosis based on either direct detection of treponemes or treponemal DNA or serologic tests
• Non-treponemal tests, such as the RPR and VDRL are good for screening purposes and treatment follow up
• Treponemal tests, such as the FTA-ABS, are used for confirmation of a reactive non-treponemal test. These tests remain positive indefinitely
• The primary treatment includes Penicillin G benzathine (dosage depends on the stage of the disease)
• In patients allergic to penicillin, alternative therapy includes doxycycline 100mg bid x 14 days or tetracycline 500mg qid x 14 days or ceftriaxone 1 g daily IM/IV x 8-10 days
• Alopecia usually resolves within 3 months of treatment
Main differentials

- ALOPECIA AREATA
- TELOGEN EFFLUVIUM
- ANDROGENETIC ALOPECIA
- DISSECTING CELLULITIS (EARLY STAGE)
- TRICHOTILLOMANIA
- TINEA CAPITIS
- SYSTEMIC LUPUS
- LEPROSY
- EYEBROWS
- FRONTAL FIBROSYING ALOPECIA
• Moth-eaten pattern is the most common type of syphilitic alopecia
• Alopecia can be the only sign of syphilitic infection
• Alopecia areata and telogen effluvium are the main differentials: both in clinical and histopathological examination
• Always remember that the incidence of syphilis is increasing again and it can be the great mimicker!