FOLLICULITIS DECALVANS: FROM TRICHOOSCOPY TO THERAPY

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NO CONFLICT OF INTEREST
FOLLICULITIS DECALVANS

- Neutrophilic primary cicatricial alopecia
- Frequency of cicatricial alopecias: FFA > LPP > FD > others
- Typical of young adults (males > females)
- Pathogenesis: unknown. Infection by S. aureus? Abnormal inflammatory response?
- Clinical presentation: scarring alopecia affecting the vertex with pustules, crusts and tufted hairs. Itching and trichodynia are frequent.
- Therapeutic challenge
## TRICHOSONIC FEATURES OF FOLLICULITIS DECALVANS

<table>
<thead>
<tr>
<th>TRICHOSONIC FEATURE</th>
<th>FREQUENCY</th>
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<tbody>
<tr>
<td>1. Follicular tufts</td>
<td>93% (+)</td>
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<tr>
<td>2. Peripilar casts</td>
<td>72%</td>
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<td>3. Starbust pattern hyperplasia</td>
<td>66%</td>
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<tr>
<td>4. Yellowish tubular scaling</td>
<td>60%</td>
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<td>5. Yellow discharge</td>
<td>30-60%</td>
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<tr>
<td>6. Crusting</td>
<td>30-60%</td>
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<tr>
<td>7. Follicular pustules</td>
<td>30-60%</td>
</tr>
<tr>
<td>8. Unspecific vascular pattern</td>
<td>30-60%</td>
</tr>
<tr>
<td>9. White and milkyred areas</td>
<td>30-60%</td>
</tr>
<tr>
<td>10. White dots</td>
<td>&lt;20%</td>
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ASSOCIATION OF CLINICAL / TRICHOOMIC FEATURES WITH THE SEVERITY / EVOLUTION OF THE DISEASE

Folliculitis decalvans: a multicentre review of 82 patients.

Trichoscopic Features of Folliculitis Decalvans: Results in 58 Patients.

- Pustules
- Onset < 25 years

- Pustules

- Milkyred areas, White dots: late-stage disease
# PROPOSAL OF A THERAPEUTIC ALGORITHM

## SLIGHT OR MODERATE FOLLICULITIS DECALVANS

<table>
<thead>
<tr>
<th>NO / SLIGHT INFLAMMATION</th>
<th>Topical combination of steroid + antibiotic 2/week</th>
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<tbody>
<tr>
<td>MODERATE INFLAMMATION</td>
<td>ADD intralesional injection of triamcinolone 30% each 3-4 months</td>
</tr>
<tr>
<td>INTENSE INFLAMMATION OR PRESENCE OF PUSTULES</td>
<td>ADD oral doxycycline 100 mg/d 2-3 months and reevaluate</td>
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## SEVERE FOLLICULITIS DECALVANS (intense symptoms)

**ACUTE OUTBREAK**

1. Topical steroid + antibiotic
2. Intralesional injection of triamcinolone 30%
3. Combination of rifampicin and clindamycin: 300 mg/12h each for 10 weeks.
4. Consider oral steroids: oral dexamethasone 0.1 mg/kg/d 2 consecutive days 3-4 months.

**IF FREQUENT RELAPSES AFTER STOPPING ANTIBIOTICS**

**TRY:**
- a) Oral sulfone: 100 mg daily
- b) Photodynamic therapy
- c) Oral isotretinoin ≥0.4 mg/kg/day

## COSMETIC IMPROVEMENT

- Keratin microfibers
- Wigs
- In selected cases (small areas, stabilized disease): consider surgery

## PSYCHOLOGICAL SUPPORT

Dr. Sergio Vañó-Galván. Folliculitis decalvans
1. **FOLLICULITIS DECALVANS:** 3rd most frequent scarring alopecia. Typical of young adults affecting the vertex. Clinically, scarring alopecia with tufted hairs, crusts and pustules. Itching and trichodynia are frequent.

2. **TRICHOSCOPY:** the trichoscopic hallmark of FD is the presence of follicular tufts (93%). Other trichoscopic findings include: peripilar casts, starbust pattern hiperplasia, yellowish tubular scaling, yellow discharge, crusting, follicular pustules, unspecific vascular pattern, white and milkyred areas and -less frequently- white dots.

3. **ACTIVITY:** the trichoscopic presence of follicular pustules is associated with disease activity.

4. **THERAPY:** challenging. Oral antibiotics with anti-inflammatory properties are the most effective therapies. Consider photodynamic therapy in selected cases.