Histopathological Findings of Persistent Inflammatory Scalp, A Prelude to Primary Cicatricial Alopecia?

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TAKE HOME MESSAGE: Persistent inflammatory scalp could represent an early stage to some primary cicatricial alopecias, we need to better characterize this entity in order to make a prompt diagnosis and treatment.

ABSTRACT

Introduction
Primary cicatricial alopecias (PCA) are inflammatory scalp conditions that may lead to permanent hair loss. Diagnosis is often delayed because a significant amount of hair is usually lost before the alopecia becomes apparent. Nevertheless, studies have shown that hair loss may progress subclinically, and even “normal” appearing areas could show histologic evidence of disease. Here, we characterize 12 patients with persistent inflammatory scalp that resembles to PCA in histopathology.

Objective
Characterization of patients with persistent inflammatory scalp.

Methods
Retrospective review of cases with diagnosis of inflammatory scalp but not evident signs of alopecia seen at Clínica Alemana during 2016-2017. Inflammatory scalp conditions like contact allergic dermatitis, psoriasis and
seborrheic dermatitis were ruled out. Clinical, demographics and laboratory features were established. Clinical and dermatoscopic images were recorded. Biopsy specimens (two, 4mm punch) were guided by dermatoscopy and direct immunofluorescence (DIF) was performed.

**Results**

12 patients (1 male and 11 females) with ages ranged from 24 to 52 years (mean: 41) consulted because of intermittent shedding. 7 cases presented with pruritus and 3 with trichodynia. Appearance of symptoms (shedding, trichodynia and pruritus) was within two years for the majority of patients. Dermatoscopy mainly showed mild hair tufting, peripilar casts and perifollicular erythema. In biopsy specimens, perifollicular lymphocytic inflammation (around infundibulum and isthmus) was seen in all of the samples, being mild in most cases. Perifollicular fibrosis was present in 8 cases. An average of 30 hairs were found in the samples. No significant mucin deposit was present and DIF resulted positive in two cases.

**Conclusion**

The histopathological findings of our patients shared similar features of some PCA entities but in a milder way. Our findings resemble to those reported in unaffected areas of PCA patients and other subclinical inflammatory conditions. This entity could represent an early stage of PCA.

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