

Exuberant folliculitis decalvans with severe impetiginization

Foliculite decalvante exuberante com severa impetiginização

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Male patient reports having lesions on the scalp for the past 15 years, associated with intense itching. He denied similar lesions in family members. Upon examination, two plaques of cicatricial alopecia with an erythematous and scaly appearance, crusts, pustules, and polytrichia were observed, located in the left parietotemporal region and the right parietotemporal region extending to the occipital region (Fig. 1). Dermoscopy revealed erythema, erosions, scaling, crusts, and the emergence of multiple hairs from a single follicular ostium (Fig. 2). No fungal structures were found in the mycological examination. Histopathological analysis showed neutrophilic cicatricial alopecia, suggesting a diagnosis of folliculitis decalvans. Treatment was initiated with doxycycline, topical fusidic acid, betamethasone dipropionate/betamethasone disodium phosphate, and Minoxidil, with significant improvement after 90 days (Fig. 3). The patient has been followed up in the outpatient clinic for 8 months after the treatment, and there has been no recurrence. Folliculitis decalvans is a rare form of neutrophilic cicatricial alopecia characterized by a chronic and progressive course^{1,2}. It is more commonly observed in men¹. The most common clinical manifestations are follicular pustules, diffuse erythema, polytrichia, erosions, and crusts that evolve into centrifugal scars, as well as pain



Figure 1. Erythematous crusted plaques, with pustules and polytrichia.

and itching^{1,3}. The pathogenesis is still not established; however, the presence of isolated *S. aureus* in pustule cultures suggests an association with the pathology². Furthermore, it is suggested that superantigens or cytokines that bind to molecules of the major histocompatibility complex class II stimulate T cells^{1,3}. Histopathologically, folliculitis decalvans is characterized as neutrophilic cicatricial alopecia. Treatment is challenging due to the chronic and recurrent course. It involves stopping the inflammatory process and the

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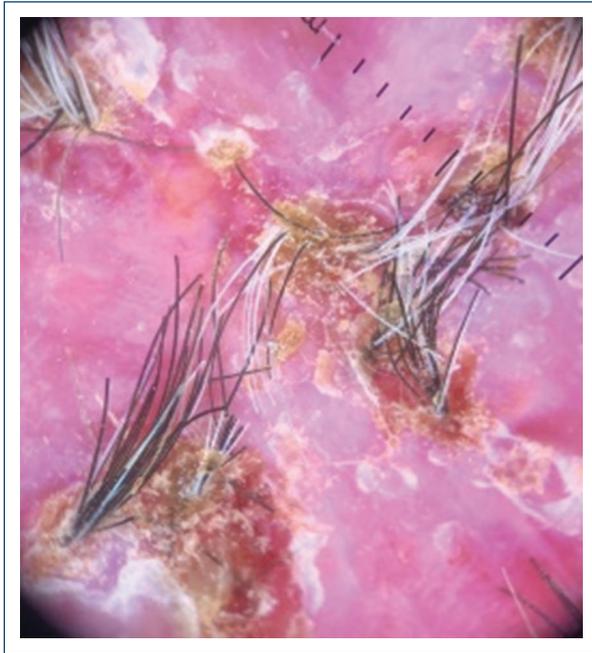


Figure 2. Trichoscopy showing yellowish crusts, erythema and capillary tufts emerging from a single capillary ostium.



Figure 3. Improvement of impetiginization and folliculitis decalvans after 90 days of treatment.

irreversible destruction of follicles². Oral antibiotics are the first line of treatment aiming at the eradication of *S. aureus* due to the possible pathophysiological association with folliculitis decalvans.

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Conflicts of interest

None.

Ethical considerations

Protection of humans and animals. The authors declare that no experiments involving humans or animals were conducted for this research.

Confidentiality, informed consent, and ethical approval. The study does not involve patient personal data nor requires ethical approval. The SAGER guidelines do not apply.

Declaration on the use of artificial intelligence. The authors declare that no generative artificial intelligence was used in the writing of this manuscript.

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