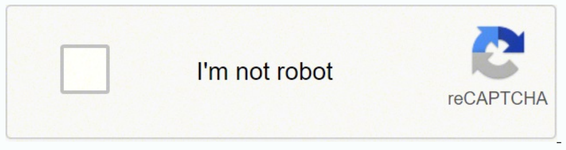

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- 1010. [4] The precise role of Staphylococcus aureus in this condition is also unclear. Undertaking dermatoscopy does not replace histopathological examination, and performing a skin biopsy of an active lesion is essential for diagnosing FD. In advanced lesions, this infiltrate can consist of neutrophils, lymphocytes and numerous plasma cells extending into the dermis. Pictures of the scalp should be taken at the first clinical visit. Ocorre mais comumente em adultos do sexo masculino,envolvendo predominantemente o vértice e a região occipital do couro cabeludo. Dermatol Ther. 4 Douwes KE, Landthaler M, Szeimies RM. 3 Ross EK, Vincenzi C, Tosti A. Case reports describe tufted folliculitis in association with medication use, specifically with cyclosporine [5] and lapatinib. Folliculitis decalvans including tufted folliculitis: clinical, histological and therapeutic findings. Perifollicular inflammation is presumed to lead to retention of telogen hairs, compounding the appearance of tufting. The hallmark of FD is the development of scars and areas of follicular pustules. 10 Lacarrubba F, Dall'Oglio F, Rita Nasca M, Micali G. 2011;5:82-8 6 Duque-Estrada B, Tamler C, Sodré CT, Barcaui CB, Pereira FB. 2008;7:651-4.8. Inui S. Trichoscopy for common hair loss diseases: algorithmic method for diagnosis. The use of dermatoscopy in hair and scalp diseases improves diagnostic accuracy. Tuffed folliculitis is a common finding in FD patients, characterized by multiple hairs emerging from one single dilated follicular orifice (polytrichia) (Figure 1). FIGURE 2 A - Trichoscopic exam without interface liquid showing the crusts and scales. Histopathologically, FD has been characterized as a neutrophilic primary cicatricial alopecia. More research on the pathogenesis and treatment options of this disfiguring disease is required for improving patient management. 2011;5:82-8 , 66. J Drugs Dermatol. It generally occurs in adult males, predominantly involving the vertex and occipital areas of the scalp. 1999:140:328-33. Ross EK, Vincenzi C, Tosti A. 2011;38:71-5.9. Wallace MP, de Berker DA. , 55. Additional trichoscopic findings include perifollicular erythema arranged in a starburst pattern, yellowish tubular scaling, crusting and follicular pustules. Videodermatoscopy enhances diagnostic capability in some forms of hair loss. Douwes KE, Landthaler M, Szeimies RM. Powell JJ, Dawber RP, Gatter K. It accounts for approximately 11% of all primary cicatrizing alopecia cases. Some patients occasionally report spontaneous bleeding, pain, itching or a burning sensation. 11. 9 Wallace MP, de Berker DA. 2010;85:179-83. Trichoscopy: a new method for diagnosing hair loss. In long-lasting lesions, ivorywhite and milky-red areas without follicular orifices predominate in trichoscopic images. A sketch, as well as measurements of the scarred areas, is also a useful aid for monitoring disease progression. [10, 11] IMAGING IN DERMATOLOGY • • copy Folliculitis decalvans is an inflammatory presentation of cicatrizing alopecia characterized by inflammatory perifollicular papules and pustules. Dots are rare, present in fewer than 20% of patients, and there appears to be no characteristic vascular pattern (Figures 1, 3 and 4). Publication in this collectionOct 2013 Received15 Sept 2012 Accepted24 Oct 2012 [6] Such associations are rare, however, and the pathophysiology in these cases has not been fully explained. The disease was first described by Quinquaud in the 19th century. This method improves diagnostic accuracy and may contribute to a better understanding of the pathogenesis of these disorders. However, some authors postulate that infection is the primary process; toxins elaborated by S aureus trigger an inflammatory process in the superior dermis, leading to scarring. Sebaceous glands are destroyed early in the process, and a predominant neutrophilic, intrafollicular and perifollicular infiltrate can be found. Bacterial cultures should be performed from an intact pustule, and a nasal swab with antibiotic sensitivity tests should also be done in order to identify an occult S. B - Trichoscopic exam with interface liquid showing erythema, fibrosis and vessels FIGURE 3 Polytrichia (1), linear fibrotic bands around hair follicles (2) diffuse erythema (3) perifollicular scales (4) FIGURE 4 Perifollicular crusts (5, 6), diffuse erythema and Polytrichia 1 Powell JJ, Dawber RP, Gatter K. 55. The vertex and occipital areas of the scalp are especially involved. J Am Acad Dermatol. 2011;5:82-8 The patient's detailed clinical history, together with a thorough examination of the entire scalp, are important for diagnosis. 44. Therapeutic options include oral and topical antibiotics, oral and topical corticosteroids, antiseptics, oral isotretinoin and dapsone. Clin Exp Dermatol.2010;35:416. It has been suggested that the mechanism of "superantigens" or cytotoxins that bind to class II MHC can play a role in the pathogenesis of the disease. Lacarrubba F, Dall'Oglio F, Rita Nasca M, Micali G. S aureus frequently, but not invariably, is cultured from lesions of tufted hair folliculitis. Simultaneus occurence of foliculitis decalvans capillitis in identical twins. FIGURE 1 A fibrotic erythematous alopecia plaque with polytrichia (dolly hair) DISCUSSION The technique for performing dermatoscopy of the scalp consists of using optical devices with variable increase. More research on the pathogenesis and treatment options of this disfiguring disease is needed for improving patient management. Otberg N, Kang H, Alzolibani AA, Shapiro J. There is usually only one focus of the disease, which begins with painful follicular papules and pustules and spreads to the back. 2008;21:238-44. It is likely that the organism is a secondary invader, but still may contribute to the progression of disease. Follicular keratosis, erosions and hemorrhagic crusts can be observed. Br J Dermatol. For the analysis, dermatologists can use a manual dermatoscope (magnification x10) or a videodermatoscope equipped with a range of magnifying lenses (from X20 to X1000). Inui S. Some trichoscopic findings, such as follicular tufts, perifollicular erythema, crusts and pustules, can be observed in folliculitis decalvans. 33. It occurs predominantly in young and middle-aged adults, with a slight preference for the male gender, and appears to be more frequent in people of Afro-American stock. FD can be very therapy resistant. 2006;55:799-806. Rudnicka L, Olszewska M, Rakowska A, Slowinska M. 7 Rudnicka L, Olszewska M, Rakowska A, Kowalska-Oledzka E, Slowinska M. Duque-Estrada B, Tamler C, Sodré CT, Barcaui CB, Pereira FB. Trichoscopy update 2011. Tufts of hair amid areas of scarring, giving the classic appearance of tufted hair folliculitis, have been described in patients with a number of different disorders, including scars from surgery or trauma, acne keloidalis, folliculitis decalvans, [7, 8] dissecting cellulitis of the scalp, lichen planus, Melkersson-Rosenthal syndrome and hidradenitis suppurativa, [9] and pemphigus vulgaris. The variation suggests that tufts form when inflammation and scarring in the papillary and upper reticular dermis contracts the interfollicular dermal tissue, causing separate follicles to converge. 5 Rudnicka L, Olszewska M, Rakowska A, Slowinska M. [3] Many authors believe in a variation of this theory. , 44. Dermoscopy patterns of cicatricial alopecia resulting from discoid lupus erythematosus and lichen planopilaris. 8 Inui S. 22. Early lesions show keratin aggregation and a dilatation of the infundibulum, combined with numerous intraluminal neutrophils. , 22. aureus strain. Am J Clin Dermatol 2004;5:205-8. The theory of genetic predisposition is supported by reports of FD familial cases. Tufted hair folliculitis probably represents an advanced stage of follicular damage common to several different forms of scarring alopecia. The differential diagnosis can be done with acne keloidalis nuchae, erosive pustular dermatosis of the scalp, lichen planopilaris, discoid lupus erythematous, pseudopelade of Brocq, central centrifugal cicatricial alopecia, among others. Both the trichoscopic dry exam and the one with interface liquid are important, because they show different dermatoscopic findings (Figure 2). However, Staphylococcus aureus scalp colonization has been implicated as a contributing factor. In the original report of this entity, Smith and Sanderson suggested that new follicular epithelium forms around groups of hair shafts that remain after destruction of the upper portion of the follicle. 2011;38:71-5. The infiltrate may also be found around the blood vessels of the superficial and mid-dermis. The etiology of this inflammatory process is not fully understood. In most cases, the cause of idiopathic tufted hair folliculitis is unknown, but several theories about the exact mechanism of hair tuft formation exist. As such, the condition is a clinicopathologic pattern and not a distinct disease. Folliculitis decalvans. 2011;5:82-8 , 77. Alguns achados tricoscópicos como tufos foliculares, eritema perifolicular, crostas e pústulas podem ser observados na foliculite decalvante.Mais pesquisas sobre patogênese e opções de tratamento desta doença desfigurante são necessárias para uma melhor gestão dos pacientes. An Bras Dermatol. The trichoscopic hallmark of folliculitis decalvans is the presence of multiple hairs emerging from one single dilated follicular orifice (polytrichia). 2000;143:195-7. , 66. Generally, these tufts vary from 5-20 hair shafts per follicular orifice. Hair diagnoses and signs: the use of dermatoscopy. A large erythematous, thick and hardened alopecia plaque appears, with a centrifugal progression. On the other hand, Tong and Baden proposed that tufts of hair represent a nevoid malformation. 2008;7:651-4. , 77. Folliculitis decalvans (FD) is an inflammatory presentation of cicatrizing alopecia characterized by inflammatory perifollicular papules and pustules. J Dermatol Case Rep. O uso da dermatoscopia nas doenças dos cabelos e do couro cabeludo melhora a precisão diagnóstica. 2 Otberg N, Kang H, Alzolibani AA, Shapiro J. Dermoscopy; Hair diseases; Scalp dermatoses Dermatoses do couro cabeludo; Dermoscopia; Doenças do cabelo A foliculite decalvante é uma forma inflamatória de alopecia cicatricial caracterizada por pápulas e pústulas inflamatórias perifoliculares. , 88. Videodermoscopy in the evaluation of hair and scalp disorders. Trichoscopy is a non-invasive method that can be used in the differential diagnosis of most diseases affecting the hair and scalp. Rudnicka L, Olszewska M, Rakowska A, Kowalska-Oledzka E, Slowinska M. In 1905, Brocq et al named Quinquaud's clinical findings as Folliculitis decalvans.

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