

Case 3



## *Progressive Hair Loss on the Scalp*

A 50-year-old woman presents with a two-year history of progressive hair loss. She also has lichen planus, which has manifested as multiple planar (flat-topped), purple (violaceous), polygonal, pruritic, papules and plaques on her wrists.

### Questions

1. What is the diagnosis?
2. What is the significance?
3. What is the treatment?

### Answers

1. The diagnosis is lichen planopilaris.
2. Lichen planopilaris is characterized by autoimmune lymphocytic inflammation and destruction of hair follicles with resultant progressive cicatricial alopecia of the scalp. In the early stage, perifollicular violaceous erythema, scaling, and groups of perifollicular keratotic papules or plugs are commonly seen. Most patients complain of itching, pain, and burning in the scalp area when inflammation is present. The pull test is positive for anagen hairs at the site of active disease. The end stage is characterized by whitish atrophic or scarring patches on the scalp (as is illustrated in the present case). The hair loss may be patchy or diffuse. The scalp lesions mostly involve the vertex and parietal areas. The female to male ratio falls between 1.8 and 4.0:1.0. The peak age of onset is between 30 and 60 years of age. Approximately 25% of patients have cutaneous or mucosal lesions of lichen planus that affect other areas of the body.
3. Ultrapotent topical corticosteroids and intralesional corticosteroids are the treatment of choice. Oral tetracycline-family antibiotics and hydroxychloroquine are also sometimes used, as are various oral immunosuppressants. Timely treatment may halt progression of the disease. However, treatment is unlikely to induce hair regrowth in areas of existing alopecia, so early and aggressive therapy and referral are paramount.

Please provide a reference for these statistics

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