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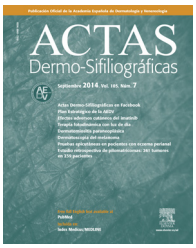

REVIEW

Histologic Features of Alopecias: Part II: Scarring Alopecias☆

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Central centrifugal cicatricial alopecia;
Alopecia mucinosa;
Keratosis follicularis spinulosa decalvans;
Folliculitis decalvans;
Dissecting cellulitis/folliculitis;
Acne keloidalis nuchae;
Necrotizing lymphocytic folliculitis

Abstract The diagnosis of disorders of the hair and scalp can generally be made on clinical grounds, but clinical signs are not always diagnostic and in some cases more invasive techniques, such as a biopsy, may be necessary. This 2-part article is a detailed review of the histologic features of the main types of alopecia based on the traditional classification of these disorders into 2 major groups: scarring and nonscarring alopecias. Scarring alopecias are disorders in which the hair follicle is replaced by fibrous scar tissue, a process that leads to permanent hair loss. In nonscarring alopecias, the follicles are preserved and hair growth can resume when the cause of the problem is eliminated. In the second part of this review, we describe the histologic features of the main forms of scarring alopecia. Since a close clinical-pathological correlation is essential for making a correct histopathologic diagnosis of alopecia, we also include a brief description of the clinical features of the principal forms of this disorder.

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Alopecia cicatricial centrífuga central;
Alopecia mucinosa;
Queratosis folicular espinulosa decalvante;
Foliculitis decalvante;
Celulitis/foliculitis disecante;
Acné queloideo de la nuca;
Acné necrótico varioliforme

Histopatología de las alopecias. Parte II: alopecias cicatriciales

Resumen El diagnóstico de las enfermedades del cabello y del cuero cabelludo se basa, en la mayoría de las ocasiones, en el reconocimiento de signos clínicos; sin embargo, dichos signos no siempre son característicos y, en ocasiones, tenemos que recurrir a técnicas más invasivas como la realización de una biopsia. En este artículo se revisan de forma detallada las principales formas de alopecia desde un punto de vista histopatológico, y para ello se utiliza la clasificación tradicional de las alopecias que las divide en 2 grandes grupos: las alopecias cicatriciales y las no cicatriciales. Las alopecias cicatriciales son aquellas en las cuales el folículo piloso es sustituido por tejido fibroso cicatricial, causando una pérdida permanente del cabello. En las alopecias no cicatriciales el folículo permanece intacto y puede retomar su actividad cuando cesa el estímulo desencadenante. La segunda parte de este artículo revisa las principales formas de alopecia cicatricial desde un punto de vista histopatológico. Dado que una buena correlación clinicopatológica es fundamental para realizar el correcto diagnóstico histopatológico de las alopecias, en este artículo se incluye también una breve descripción de las características clínicas de las principales formas de alopecia.

Introduction

In our daily clinical practice, dermatologists often encounter patients consulting for alopecia. In many cases, correct diagnosis of these conditions can be made from the presentation and course of hair loss. However, sometimes, a biopsy is necessary to enable a definitive diagnosis to be established. This article reviews in detail the main forms of cicatricial alopecias from a histopathological standpoint.

Cicatricial Alopecias

Cicatricial alopecias are a group of conditions in which the hair follicles are replaced by vertical fibrotic tracts or hyalinized collagen, giving rise to permanent hair loss. This process manifests clinically as the loss of follicular ostia and cutaneous atrophy. There are many causes of secondary cicatricial alopecia, such as infiltrative processes (cutaneous metastasis, sarcoidosis), trauma (burns, radiation), and infections. However, the term cicatricial alopecia is used mainly to refer to primary cicatricial alopecias (PCAs), a group of diseases in which the hair follicle is the main target of the inflammatory process while the interfollicular dermis is spared.[1] Classification of cicatricial alopecias is confusing and controversial given that the etiology, in many cases, is unknown and the clinico-pathological characteristics overlap, vary over time, and depend on racial and genetic factors. In this article, we will analyze the classification established in 2001 by the North American Hair Research Society (NAHRS), which classifies PCAs according to the composition of the inflammatory infiltrate into lymphocytic, neutrophilic, and mixed types (Table 1).[2]

Table 1 Classification of Primary Cicatricial Alopecias (PSA) According to the North American Hair Research Society (NAHRS).

Main Composition of the Inflammatory Infiltrate	Entities
Lymphocytic	Chronic cutaneous lupus erythematosus (CCLE) Lichen planopilaris (LPP) Pseudopelade of Brocq Central centrifugal cicatricial alopecia (CCCA) Alopecia mucinosa Keratosis follicularis spinulosa decalvans (KFSD)
Neutrophilic	Folliculitis decalvans (FD) Dissecting cellulitis (DC)
Mixed	Acne keloidalis nuchae (AKN) Acne necrotica varioliformis Erosive pustular dermatosis
Nonspecific	

PCAs have an initial active phase, with more or less specific clinical characteristics. Scarred areas progressively start to appear, usually in the central area of the lesions. In advanced phases of the disease, differential diagnosis using clinical manifestations is therefore much more difficult if not impossible at times. Biopsy samples will be useful for