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ORIGINAL ARTICLE

Frontal Fibrosing Alopecia in Men: Presentations in 12 Cases and a Review of the Literature[☆]

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KEYWORDS

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Abstract

Background: Frontal fibrosing alopecia (FFA) is a scarring disease in which the hairline recedes and the eyebrows can be affected. Usually seen in postmenopausal women, FFA is much less common in men.

Objective: To describe the clinical characteristics of FFA in a case series of men and compare this series to those reported in the literature.

Material and methods: Men with FFA being treated in our dermatology department from January 2010 to December 2015 were included prospectively for this descriptive study. We collected patient information and clinical and treatment characteristics.

Results: Twelve men (mean age, 75 years) were recruited. Alopecia was the reason for seeking medical care in only 4 cases. The hairline had receded 3 cm on average. Half the patients had facial papules, and 83% had androgenetic alopecia or hair loss on eyebrows or extremities. Follicular hyperkeratosis and erythema were present in 66%, and only 25% of the men reported pruritus. The most commonly prescribed treatments were topical: corticosteroids in 8 patients (66%) and minoxidil in 4 (33%).

Conclusions: Facial papules, androgenetic alopecia, and loss of body hair are more often observed in men with FFA than in women. The men in this series were older on average than in other FFA case series in the literature, possibly accounting for the higher prevalence of associated androgenetic alopecia and the fact that most of these men were seeking care for conditions other than hair loss.

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PALABRAS CLAVE

Alopecia frontal
fibrosante;
Liquen plano
folicular;
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androgenética

Alopecia frontal fibrosante en el varón: presentación de 12 casos y revisión de la literatura**Resumen**

Introducción: La alopecia frontal fibrosante (AFF) es una alopecia cicatricial caracterizada por el retroceso de la línea de implantación del pelo, asociada a alopecia de cejas. Habitualmente afecta a mujeres en edad posmenopáusica, siendo mucho menos prevalente en varones.

Objetivo: Describir las características clínicas de la AFF en los hombres estudiados y compararlos con los datos recogidos en la literatura.

Material y métodos: Se realizó un estudio descriptivo de los varones diagnosticados de AFF en nuestro Servicio, desde enero del 2010 hasta diciembre del 2015. Se recogieron los datos demográficos, las características clínicas y los tratamientos realizados.

Resultados: Se reclutó a 12 pacientes. La edad media fue de 75 años. La alopecia fue el motivo de consulta únicamente en 4 pacientes. El retroceso medio de la línea de implantación del pelo fue de 3 cm. Las pápulas faciales estaban presentes en el 50% de los hombres, el 83% presentaba alopecia de cejas, extremidades y alopecia androgenética (AGA). El eritema y la hiperqueratosis folicular se veían en el 66% de los casos y solo el 25% refería prurito. El tratamiento más frecuentemente utilizado consistió en corticoide tópico en 8 pacientes (66%), asociado a minoxidil tópico en 4 de ellos (33%).

Conclusiones: Según los datos obtenidos en nuestra serie, las pápulas faciales, la AGA y la afectación del vello corporal son más frecuentes en los hombres con AFF que en las mujeres. Por otra parte, a diferencia de los casos de AFF en varones descritos en la literatura, la edad media es mayor en nuestra serie, lo que podría explicar la mayor incidencia de AGA asociada y que la mayoría consulte por otro motivo.

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Introduction

Scarring alopecias are a set of conditions that lead to permanent hair loss due to the destruction of follicular stem cells.^{1,2}

Frontal fibrosing alopecia (FFA) was described by Kossard³ in 1994 as a particular type of scarring alopecia affecting menopausal women.⁴ It is characterized by a receding frontotemporal hairline associated with varying degrees of eyebrow alopecia, facial papules, and occasionally hair loss in the axillas and on the pubis and extremities.^{5,6} There is a tendency to consider FFA a form of follicular lichen planus (FLP) that selects the frontotemporal hairline. The association between these 2 diagnoses is debated, however, because FFA usually affects older women and presents with a distinct pattern of hair loss; moreover, lichen planus patches are rarely present in other integumentary structures in individuals with FFA and histologic features differ slightly from those of FLP.^{7,8}

Since the first description of FFA, hundreds of patients—usually women—have been described.⁹ Male FFA appears to be rare and only occasional cases have appeared in the literature.^{9–23} We think FFA in men may be more common than realized based on publications, however, because this condition can overlap or be confused with other types of baldness, especially androgenetic alopecia (AGA), for which men who have reached a certain age do not usually consult a physician if they consider it to be a normal part of the aging process.

We analyzed a prospectively recruited series of 12 men with FFA, one of the largest series published to date. We aim

to describe the clinical and epidemiologic characteristics in the series and compare them to the largest series of FFA in women as well as to descriptions in men to date.

Material and Methods

We conducted a prospective, descriptive, observational study of men with FFA diagnosed in the dermatology department of Hospital Universitario Donostia over a 5-year period between 2010 and 2015. Twelve patients were recruited (Table 1). Variables studied were age, time since onset of symptoms, the patient's reason for consulting a dermatologist, form of presentation (location; pruritus; erythema; perifollicular hyperkeratosis; alopecia in other areas of the skin; and presence of lichen planus patches on skin, nails or mucosal surfaces), trichoscopy, histology, presence of AGA, other concurrent diseases, treatments received, and response to treatments. We ordered a blood work-up that included analysis of thyroid hormones, antithyroid antibodies, and antinuclear antibodies for all patients. The inclusion criteria were as follows: 1) clinical: receding hairline (forehead or temple), with a band of paler skin with the appearance of scarring and absence of follicles, sometimes associated with eyebrow hair loss, erythema, and/or perifollicular hyperkeratosis; 2) trichoscopic: absence of follicles, white patches (scarring), and perifollicular erythema hyperkeratosis; and 3) histologic: lymphocytic inflammatory infiltrate usually located around the follicular infundibulum and isthmus, presence of apoptotic cells in the external root sheath, infundibular dilation and hypergranulosis, and

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