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Scalp psoriasis associated with central centrifugal cicatricial alopecia

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Abstract

Scalp psoriasis is a very common dermatological condition with a variety of presentations, but only rarely presents as severe alopecia. We present a case of a 50-year-old female with many years of recalcitrant hair loss that was thought to be secondary to central centrifugal cicatricial alopecia which was later diagnosed as psoriasis. This case highlights an interesting presentation and rare complication of a common disease.
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Keywords: CCSA; Hair loss; Psoriasis; Scalp pruritus

1. Introduction

Scalp psoriasis, a disease characterized by sharply demarcated erythematous plaques with overlying scale, affects greater than 2% of the Western world (Van de Kerkhof and Franssen, 2001). Despite the prevalence of scalp psoriasis, very few cases of psoriasis causing scalp central centrifugal cicatricial (scarring) alopecia (CCCA) have been described (Almeida et al., 2013). Psoriatic scalp induced alopecia most commonly is non-cicatricial and affects only lesional skin; however, in addition to a few cases of cicatricial alopecia, it may also cause a generalized telogen effluvium (George et al., 2015).

2. Case report

A 50-year-old female presented to the dermatology clinic for follow-up of a multi-year history of hair loss secondary to recalcitrant CCCA. In the previous years, intralesional steroid injections (Kenalog 10 mg/cc), minoxidil, and Derma-smoothe oil (fluocinolone acetonide) had been used as treatment and had only resulted in intermittent mild improvements in hair loss. Additionally, she had a score of III B on the Seborrhea Area and Severity Index (SASI) scale (Smith et al., 2002). Over time there was progressive hair thinning, scalp pruritus, especially around the hair line, and scalp pain.

She was lost to follow-up for two years and upon returning to clinic, she had round, hyperkeratotic plaques with a rim of erythema scattered on the scalp and frontal hairline in the regions of the alopecia (Fig. 1a/b). A biopsy was consistent with psoriasis. The biopsy showed diminished number of terminal hair follicles, as well as naked hair shafts, with associated interstitial and perifollicular fibrosis (Fig. 2). There were also focal areas of granulomatous infiltrate. In the stratum corneum, there were overlying areas of parakeratosis and

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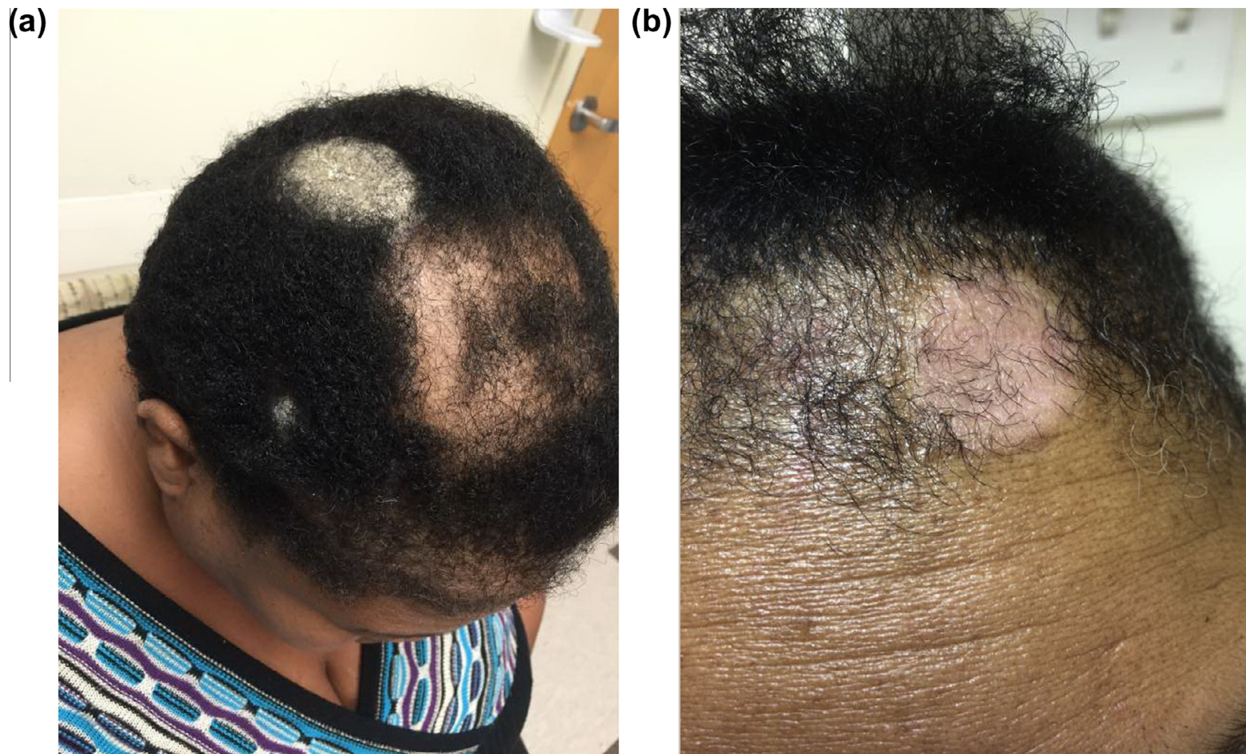

Figure 1. Hyperkeratotic plaques with rim of erythema on the (a) scalp and (b) frontal hairline with some hair regrowth following treatment.

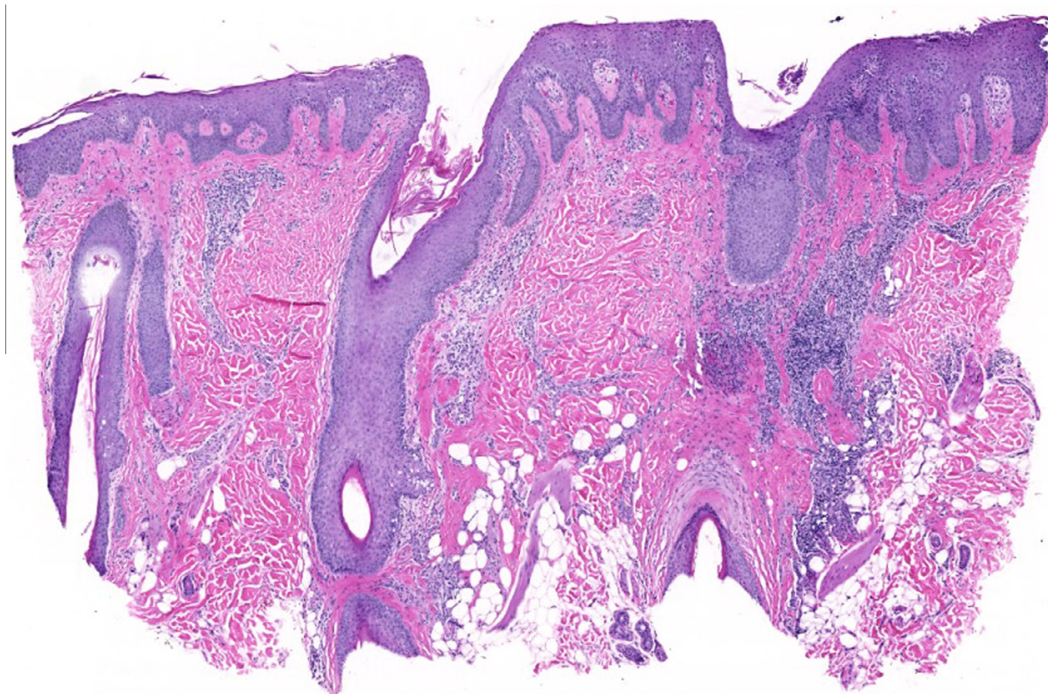

Figure 2. H&E shows diminished terminal hair follicles and naked hair shafts with associated interstitial and perifollicular fibrosis.

neutrophils. The periodic acid-Schiff (PAS) stain was negative, ruling out fungal infection (Fig. 3).

Following this psoriasis diagnosis, a trial of urea plus clobetasol ointment dramatically improved the scalp psoriasis by her two-week follow-up visit. The alopecia could not be reversed, but further scarring and secondary alopecia was prevented.

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