



LICHEN PLANOPILARIS

What are the aims of this leaflet?

This leaflet has been written to help you understand more about lichen planopilaris. It tells you what lichen planopilaris is, what causes it, what can be done about it, and where you can get more information about it.

What is lichen planopilaris?

Lichen planopilaris is a type of scarring hair loss that occurs when a relatively common skin disease, known as [lichen planus](#), affects areas of the skin with hair. Lichen planopilaris destroys the hair follicle replacing it with scarring. This is distressing when it affects the scalp. It is twice as common in women as it is in men and seen mostly in adults, with the commonest age of onset being in the mid-40s.

What causes lichen planopilaris?

The cause of lichen planopilaris is unknown, but is likely to have something to do with the body's immune system. T-lymphocytes, a type of white blood cell, are known to be involved, however, the trigger is not yet known. Both lichen planopilaris and lichen planus are not contagious.

Is lichen planopilaris hereditary?

No, lichen planopilaris is not inherited.

What are the symptoms of lichen planopilaris?

Lichen planopilaris typically causes an intensely itchy scalp. The crown and vertex (top of the scalp) are most commonly affected, and symptoms of pain, burning and scalp tenderness may occasionally be experienced. Gradually, areas of hair loss may be noticed. Lichen planus can also affect the skin,

mouth, genitals and nails (for further information, please see Patient Information Leaflet on [lichen planus](#)).

What does lichen planopilaris look like?

Lichen planopilaris causes redness of the skin around the base of a hair. It also causes scaling of the skin around the hair and plugging of the hair follicle, which may give the base of the hair a rough texture.

Where hairs have been destroyed, the scalp may appear smooth and shiny. Any hair loss should be considered as permanent. Any part of the scalp can be involved; lichen planopilaris often occurs in patches but may lead to more extensive involvement. Facial and body hair may rarely be affected.

Other related conditions include:

Frontal fibrosing alopecia. This is a condition that often, but not exclusively, affects post menopausal women. It appears with a slow band-like recession of the frontal hairline, with scarring (fibrosing), along the front of the scalp, and sometimes involves the sides of the scalp. Loss of eyebrow hair and body hair is also recognised in this condition.

Graham Little Syndrome (Piccardi-Lasseur-Graham Little Syndrome). This is a very rare condition in which patchy scalp hair loss, similar to classical lichen planopilaris, accompanies loss of armpit and pubic hair and a bumpy, sometimes itchy rash on the body and limbs.

How is lichen planopilaris diagnosed?

A biopsy is often required to confirm the diagnosis. This may involve removing at least 2 small areas of affected scalp skin under local anaesthetic and will leave small scars.

Can lichen planopilaris be cured?

The condition does tend to become inactive eventually in most cases. The hair loss is usually permanent. Treatment aims to preserve remaining hair, and to help control symptoms, but cannot cause regrowth of hair that has already been lost.

How can lichen planopilaris be treated?

Lichen planopilaris can be treated with topical treatments, such as creams and gels, and also orally with tablets, although success rates can be very variable. Unfortunately there is no single proven effective treatment for this condition and despite trying many treatments some people fail to respond. Some patients choose not to have any treatment at all as this condition does not otherwise affect their general health. You may want to discuss treatments with your GP, family or friends before deciding whether to have treatment.

Treatments to the skin may include:

Topical corticosteroid preparations. Potent steroid based preparations (e.g. lotions, gels, or mousses) can help localised areas. Care must be taken to apply the correct amount of steroid, in order to avoid any unaffected skin. Scalp skin is much thicker than facial skin and tolerates steroid applications better than delicate skin, such as that on the face and around the eyes. Steroids can cause skin thinning if used incorrectly. Topical steroid preparations can be particularly helpful in improving itch and may reduce the rash.

Steroid injections into the affected area (known as 'intralesional steroids') can be a more effective treatment for a small area; however, steroid injections are often painful or uncomfortable, and have a higher risk of causing adverse effects such as skin thinning (atrophy) or dimpling of the skin.

Topical calcineurin inhibitor creams and ointments. Although not usually prescribed for lichen planopilaris, these topical treatments can settle local inflammation and be useful. They do not have the potential for skin thinning seen with topical steroids. Side effects include stinging on initial application (this usually improves with time). Excessive sun exposure, sunbathing and sunbeds should be avoided while using this treatment (see Patient Information Leaflet on [calcineurin inhibitors](#)).

Tablet Treatments

Corticosteroids. A short course of steroid tablets may quickly reduce inflammation in severe cases, with the hope of halting hair loss. However side effects such as high blood pressure, diabetes, osteoporosis, and weight gain limit long term use. Sometimes steroid tablets are given as a bridge while waiting for another longer acting treatment to take effect.

Low dose hydroxychloroquine. Although slow to start working, this drug can be very useful in treating lichen planopilaris. Usually a minimum trial of 4-6 months is required to see whether the drug is effective. If helpful it may be continued for longer until the condition goes into remission. It is not certain how the drug works to stop hair loss. Very rarely, hydroxychloroquine may damage the retina (the layer of cells in the back of the eye that detects light and allows you to see) **particularly in those needing treatment for more than 5 years**. The risk of this is **generally** prevented by keeping the dose low and limiting the overall time on treatment. While you are taking hydroxychloroquine annual eye tests may be recommended (see Patient Information Leaflet on [hydroxychloroquine](#) for further information).

Immunosuppressive drugs. Several different tablets are used to treat lichen planopilaris by suppressing the immune system, with varying degrees of success. These are safer than taking steroid tablets in the long term but do have side effects and require close monitoring with reviews and regular blood tests. It is not recommended that women become pregnant whilst on these medications. These drugs include [azathioprine](#), [ciclosporin](#), [methotrexate](#), and [mycophenolate mofetil](#) (please see the relevant Patient Information Leaflets for further information).

Other tablets:

- [Acitretin](#) and [isotretinoin](#) are other drugs that have been used; however, isotretinoin is preferred because acitretin itself can cause hair loss. There are important risks concerning pregnancy when taking acitretin or isotretinoin. Please see the relevant Patient Information Leaflets for further information.
- *Tetracycline* or *doxycycline* are antibiotics commonly used in the treatment of acne but can also be used to treat lichen planopilaris. They have few side-effects and do not require monitoring blood tests.
- There is some evidence to show a diabetes drug called pioglitazone might also be helpful in the treatment of lichen planopilaris. This is generally well tolerated, but there are some safety concerns with its long term use, including a possible association with bladder cancer.

Other Treatments

Some people who have extensive hair loss from lichen planopilaris will choose to wear a wig or a hairpiece. These can either be bought privately or obtained through the NHS with a consultant's prescription (although a financial contribution is required). Your local hospital orthotic (surgical

appliances) department can advise you on the range of hair pieces available on the NHS and recommend local suppliers.

Other ways of hiding hair loss would be to wear a hat or use a scarf to cover the affected area.

Lichen planopilaris usually eventually stabilises and does not become worse. Once it has been stable for a number of years it may be possible for permanent areas of hair loss to be removed or reduced in size by a small operation. Your doctor can let you know whether you might be suitable for such a procedure but it will not be available on the NHS. Hair transplantation is another option that can be considered once the condition has stabilised, however, this is not available on the NHS and unfortunately isn't always successful if the condition reactivates.

Self care (What can I do?)

- Join a hair loss support group.
- Seek unbiased medical help and be sceptical of online solutions, especially those that offer instant, or quick, remedies.
- Eat a normal healthy diet; no particular food has been linked to lichen planopilaris.
- Use other techniques to disguise the problem, such as hair extensions that can be attached by some hairdressers; these are not funded by the NHS.

Where can I get more information about lichen planopilaris?

Web links to detailed leaflets:

www.aad.org/pamphlets/lichen.html

<http://dermnetnz.org/hair-nails-sweat/lichen-planopilaris.html>

www.nahrs.org

Link to patient support group:

Cicatricial Alopecia Research Foundation (US)

Email: manchesteruksupportgroup@carfintl.org

Web: <http://www.carfintl.org/support.html>

Most other hair loss support groups focus on alopecia areata but can offer useful advice for all patients suffering from hair loss.

Alopecia UK

Tel: (020) 8333 1661

Web: www alopeciaonline.org.uk

E-mail: info@alopeciaonline.org.uk

For details of source materials use please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: its contents, however, may occasionally differ from the advice given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

**BRITISH ASSOCIATION OF DERMATOLOGISTS
PATIENT INFORMATION LEAFLET
PRODUCED APRIL 2013
REVIEW DATE APRIL 2016**

