



PSEUDOFOLLICULITIS

What are the aims of this leaflet?

This leaflet has been written to help you understand more about pseudofolliculitis. It tells you what it is, what causes it, what can be done about it, and where you can find out more about it.

What is pseudofolliculitis?

Pseudofolliculitis is inflammation caused by cut hairs growing back into or under the skin. It looks rather like the spots caused by an inflammation of hair follicles (folliculitis). (See separate Patient Information Leaflet on this website dealing with 'Folliculitis barbae'.) It is most common in the beard area in men, when it may be called pseudofolliculitis barbae, ("barba" being the Latin word for a beard). It is also known as 'shaving bumps', or 'razor bumps'.

What causes pseudofolliculitis?

The short answer is shaving.

- When a hair is shaved or cut, its end will be left with sharp edges that are unlike the round tapered end of an uncut hair. If the hair is cut just above the skin surface, and if its cut edge pushes against the skin, the hair can then re-enter the skin. This happens especially if the hair is curly, or growing in a pit or groove, for example in a natural skin fold or in scarred skin.
- If the beard is shaved very closely, the cut hair can retract below the skin surface, and then cut into the skin from below, without emerging at all. Occasionally a hair burrows under the skin for a few centimetres.
- Ingrowing hairs cause an inflammatory reaction seen as red spots. An infection may develop in the inflamed skin, but is not its original cause.
- Pseudofolliculitis is usually seen on the face and neck of men who shave, especially black men.

Is pseudofolliculitis hereditary?

A tendency to develop pseudofolliculitis can be inherited as having curly hair runs in families. Black people, in particular, who have very tightly curled hair, are commonly affected if they shave.

What are the features of pseudofolliculitis?

The ingrowing hairs cause irritation. Small red patches or spots may surround the entry points. In white skin, the spots are red: in black skin, increased pigmentation is more obvious. Small pustules (yellow-headed spots) may develop, and larger pustules with scabbing appear if infection gets in.

In people with a tendency to form thick scars, these may appear as the spots heal. Unfortunately black people, who are most likely to get pseudofolliculitis, are also prone to thick scars.

How will pseudofolliculitis be diagnosed?

The hairs which penetrate the skin by re-entry should be visible through a magnifying glass. Those that grow into the skin from under the surface cannot always be seen.

Can pseudofolliculitis be cured?

Yes, if shaving is stopped, though it may take several weeks to go away. Otherwise the problem is likely to persist, although some measures can be taken to help.

How can it be treated and what can I do?

The only certain cure is to stop shaving.

Adjusting your shaving technique may sometimes help, but a balance has to be struck between leaving stubble long enough to curl back, and shaving so closely that hairs retract into the skin. How to deal with this depends on your hair type and your skin contours, and there is no simple answer for everyone. You should experiment to find the best technique for yourself.

Wet shaving usually gives a closer shave than using an electric razor, but the choice is once again an individual one. Men who wet shave should avoid methods that give such a close shave that the hair retracts inside the follicle - such as shaving against the direction of hair growth, stretching the skin tight, and using double or triple blades. Shaving every second day rather than daily may help, and another suggestion is to aim for a stubble length of 1mm, though the beard area will not look clean shaven.

Other possibilities:

- Hairs seen to be re-entering the skin can be flicked out using a sterile needle - though this may not be practical for those with widespread involvement.
- Long burrowing hairs occasionally need to be removed surgically.
- Some men find that removing facial hair with a depilatory cream avoids the sharp edges, but many find that these preparations are irritant.
- Lasers can be used to remove hair for prolonged periods but, in black skin, there is a high risk of developing increased or decreased pigmentation.
- Inflammation can be reduced by creams containing hydrocortisone, and antiseptic lotions reduce the risk of infection.
- A short course of an antibiotic may be used to treat infection. Some antibiotics with additional anti-inflammatory effects may be used long term in more severe cases.

- Hairs removed by plucking or by some forms of electrolysis regrow inside the follicle and may penetrate under the skin and so aggravate the problem.

Where can I get more information about pseudofolliculitis?

Several sites on the internet confuse folliculitis barbae with pseudofolliculitis (see above). Accounts of both conditions can be found at:

www.emedicine.com/derm/topic159.htm

(While every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own doctor will be able to advise in greater detail. Some medicines recommended by dermatologists are known to be useful but are not licensed for all indications, because the conditions are rare or the drug is new.)

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