



FOLLICULITIS DECALVANS

What are the aims of this leaflet?

This leaflet has been written to help you understand more about folliculitis decalvans. It tells you what this condition is, what it is caused by, what can be done about it, and where you can find out more about it.

What is folliculitis decalvans?

Folliculitis decalvans is a rare chronic condition of the scalp. Very rarely it can affect other hair-bearing skin. It may be inflamed for a long time and lead to scarring. Folliculitis decalvans is a Latin name meaning inflammation of the hair root associated with hair loss

Folliculitis decalvans is not catching or contagious and is not cancerous.

What causes folliculitis decalvans?

The cause of folliculitis decalvans is unknown. It may be an abnormal reaction to a bacteria called *Staphylococcus aureus*, which is often found on skin of healthy people without causing any problems. It is thought that in patients with folliculitis decalvans, chronic inflammation develops in reaction to this germ.

Is folliculitis decalvans hereditary?

Folliculitis is not usually hereditary, although there are rare reports of it affecting members of the same family.

What are the symptoms of folliculitis decalvans?

Folliculitis decalvans can cause an area of the scalp to become itchy, tight, sore or even painful. Sometimes no discomfort is felt at all.

What does folliculitis decalvans look like?

The affected area of the scalp becomes red and swollen and may scab and crust over. Pus filled spots may develop, most commonly on the back of the head, but any other part of the scalp can be involved.

Eventually, scarring develops, and several hairs ('tufts') come out of the same opening of the skin. This is called 'tufting' and looks similar to dolls-hair or bristles of a tooth brush. Finally a bald patch is seen, which gradually gets bigger. The medical term for permanent hair-loss due to scarring is 'cicatricial (latin for scarring) alopecia'.

How is folliculitis decalvans diagnosed?

The diagnosis is often made by a dermatologist after looking at your skin.

A skin swab may be taken with a cotton wool bud and sent to the laboratory to check for a bacterial infection (germs). A bacterial infection with a germ called *Staphylococcus aureus* is often, but not always, found. Because a fungal infection (ringworm) can sometimes look similar to folliculitis decalvans, the laboratory can also test skin scrapings or plucked hairs for a fungus.

Sometimes a small skin sample may be taken and checked under the microscope to confirm the diagnosis. This is called a skin biopsy and requires a local anaesthetic injection and stitches to close the wound, leading to a small scar.

Can folliculitis decalvans be cured?

There are many different treatments available to control the inflammation of folliculitis decalvans, but unfortunately no cure yet. Once scarring has developed, this will be permanent. Treatment is aimed at preventing scarring.

How can folliculitis decalvans be treated?

Treatment will take the form of a shampoo, scalp solution, cream and in some cases, tablets. Topical steroids and antibiotics are often used. There is no particular treatment licensed for folliculitis decalvans, and the condition is so rare, that no trials exist to prove the benefit of any particular therapy. The majority of treatments have only been described in small numbers or case reports.

Overall, once the treatment has been stopped, the folliculitis may have burnt itself out or flare again after a while. Folliculitis decalvans is a condition which may require on-going treatment from your doctor.

Self care (What can I do?)

Using an antiseptic shampoo may reduce the amount of germs on the scalp. A shampoo containing tar can also reduce the scaling of the scalp and improve the condition.

Where can I get more information about folliculitis decalvans?

Web links to detailed leaflets:

<http://dermnetnz.org/hair-nails-sweat/folliculitis-decalvans.html>

Unfortunately, there is currently no patient support group for folliculitis decalvans or scarring alopecia.

For details of source materials used 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

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