



DISSECTING CELLULITIS OF THE SCALP

What are the aims of this leaflet?

This leaflet has been written to help you understand more about dissecting cellulitis of the scalp. It tells you what it is, what it is caused by, what you can do about it, and where you can find out more about it.

What is dissecting cellulitis of the scalp?

Dissecting cellulitis of the scalp is a rare inflammatory scalp condition. Pus-filled spots and lumps develop with subsequent hair loss over the affected area. Hair loss is permanent due to the inflammation which destroys the hair follicles and leaves scar tissue.

The condition is occasionally referred to as perifolliculitis capitis abscedens et suffodiens. It usually affects darker-skinned adult men, especially those of Afro-Caribbean origin, but can affect any race, sex or age.

What causes dissecting cellulitis of the scalp?

The cause is unclear. It is thought that an abnormal blockage of the hair follicles leads to inflammation and secondary infection.

Is dissecting cellulitis of the scalp hereditary?

It is not usually hereditary, but can rarely run in families, which suggests that genes play a role in this complaint.

What are the symptoms of dissecting cellulitis of the scalp?

Symptoms include painful spots and lumps that may ooze pus. In severe cases, there may be abscesses.

Dissecting cellulitis can be associated with other conditions such as [acne](#) and [hidradenitis suppurativa](#).

What does dissecting cellulitis of the scalp look like?

The condition may start with inflamed spots or pustules (pus-filled spots) that may group together and form abscesses or lumps that leave areas of hair loss and scarring. It tends to start at the top of the head and spread to the back of the head; it can sometimes be very extensive and affect the whole scalp.

How is dissecting cellulitis of the scalp diagnosed?

The diagnosis is made clinically by examining the patient's scalp. A scalp biopsy may be required where one or two pieces of skin are removed from the scalp under local anaesthetic. Swabs and plucked hair may also be taken to look for infections.

Can dissecting cellulitis of the scalp be cured?

No. There is no cure for the disease but various treatments can be used to control the disease and limit the symptoms. It is important to realise that hair will not regrow in scarred areas so the hair loss is permanent. The disease does slowly tend to resolve but this may take several years and is unpredictable.

How can dissecting cellulitis of the scalp be managed?

There are several ways your doctor may try to manage the condition:

Topical treatments

These are usually first choice and part of the long term management of the condition. They are applied directly onto the affected areas. They generally work by decreasing the bacterial level on the skin and include antiseptics such as chlorhexidine and iodine and antibiotics such as clindamycin.

Tablets

There are several options:

- The safest for long term use are prolonged courses of antibiotics. They are used primarily for their ability to fight inflammation (redness and

swelling) and examples include erythromycin, tetracyclines, clindamycin, and rifampicin. Combinations of antibiotics are sometimes given.

- Steroid tablets are sometimes used for short term management to reduce inflammation.
- Dapsone (an antibacterial medicine) can be given for longer term treatment, but requires regular monitoring blood tests (see Patient Information Leaflet on [Dapsone](#) for more information).
- Retinoids, such as isotretinoin, are another commonly used long-term medicine. Isotretinoin is usually given as a treatment for severe acne. It requires monitoring blood tests and women must not become pregnant while taking this medication and for one month afterwards. For further information on [Isotretinoin](#), please refer to the relevant BAD Patient Information Leaflet.

Surgery

Surgery is sometimes needed to incise (cut open) large abscesses (boils or collections of pus) or excise (cut out) persistent areas of inflammation. If a large area of skin is removed, a graft may be required. This will leave scarring.

Other treatments

- Steroid injections are sometimes given into affected areas to reduce inflammation. This has fewer side-effects and complications than steroid tablets but can be a painful procedure.
- Laser hair removal has been attempted to control the disease as the process mainly occurs around the hair follicles. This treatment may lead to permanent hair loss.
- Wigs and hairpieces may be helpful if the disease has been controlled and has left considerable hair loss. These can either be bought privately, or prescribed by an NHS Consultant (a financial contribution is usually required).
- Injectable drugs for psoriasis known as 'biologics' have been tried in a small number of people with severe dissecting cellulitis, but evidence of their effectiveness is limited.
- Photodynamic therapy has also been reported successful in a few patients with this disease (see [Photodynamic therapy](#) leaflet).

Self care (What can I do?)

- Try not to pick and squeeze the spots as this will aggravate them.
- Use regular antiseptic wash and avoid oil-based hair toiletries and pomades.
- Take prescribed treatment regularly. Because medication works slowly, it may take several months before any improvement can be seen.
- There is no evidence that food or diet affects this condition, so a normal healthy diet is recommended ([NHS Choices website](#)).

Where can I get more information about dissecting cellulitis of the scalp?

Web links to detailed leaflets:

<http://dermnetnz.org/acne/scalp-folliculitis.html>

Links to patient support groups:

Alopecia Help & Advice (Scotland)

Web: www.alopeciascotland.co.uk

Alopecia UK

Tel: 0800 101 7025

Web: www.alopecia.org.uk

E-mail: info@alopecia.org.uk

Information about entitlement to free wigs is given in [NHS leaflet HC11](#).

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: individual patient circumstances may differ, which might alter both the advice and course of therapy 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 NOVEMBER 2012**



UPDATED APRIL 2016
REVIEW DATE APRIL 2019