



FOLLICULITIS DECALVANS

What are the aims of this leaflet?

This leaflet has been written to help you understand 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 (long term) inflammatory condition of the scalp. Very rarely it can affect other hair-bearing skin such as the beard, armpits, pubic area and legs. The prolonged inflammation that usually occurs leads to scarring. Folliculitis decalvans is derived from Latin and means inflammation of the hair root associated with hair loss.

Folliculitis decalvans is not contagious and is not a type of skin cancer.

What causes folliculitis decalvans?

The exact cause of folliculitis decalvans is unknown but it may be due to an abnormal reaction to a bacterium called *Staphylococcus aureus*. *Staphylococcus aureus* is often present on healthy skin.

Who is affected by folliculitis decalvans?

Folliculitis decalvans is a very rare disease. It affects both men and women, but affects men more commonly. It usually affects adults rather than children. It is not usually hereditary, although there are rare reports of it affecting members of the same family.

Is folliculitis decalvans contagious?

Generally, folliculitis decalvans is not thought to be contagious. Whilst a bacterium called *Staphylococcus aureus* is often present when the area is swabbed, the condition is thought to be due to an altered immune response. Therefore, whilst antibiotics are used in treatment, it is unlikely that anyone can catch this from you.

What are the symptoms of folliculitis decalvans?

Folliculitis decalvans can cause an area of the scalp to become itchy and painful and can feel tight. 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 form scaly areas, scabs and crusts. Pus filled spots may develop, most commonly on the back of the head, but any other part of the scalp can be involved.

A characteristic feature is that several hairs ('tufts') exit from the same hair follicle on the scalp skin. This is called 'tufting' and looks similar to dolls-hair or bristles of a toothbrush. Bald patches may develop and increase in size, to leave permanent scarring hair loss. 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 examining your skin. They may use a handheld magnifying light to look more closely at the hair follicles.

In some cases, a skin swab may be taken with a cotton wool bud and sent to the laboratory to check for bacterial infection (germs). A bacterial infection with *Staphylococcus aureus* is often found. Because a fungal infection (ringworm) can sometimes look similar to folliculitis decalvans your doctor may also send scrapings from the skin or plucked hairs to test for fungal infection.

Often a small skin sample (skin biopsy) may be taken and checked under the microscope to confirm the diagnosis. This test requires a local anaesthetic injection and stitches to close the wound and may lead to a scar.

Can folliculitis decalvans be cured?

There are many different treatments available to control the inflammation of folliculitis decalvans, but unfortunately no cure has been found. Scarring, if it develops, is permanent. Treatment is aimed at reducing inflammation and preventing further scarring. Treatment is more effective for patients with active disease.

How can folliculitis decalvans be treated?

Treatment is usually a combination of the following: medicated shampoos, anti-inflammatory and antibacterial scalp solutions and/or oral antibiotics. Combinations of antibiotics, such as clindamycin and rifampicin, are sometimes used. Steroid cream/lotion/ointment applications are often used.

There is no specific treatment licensed for folliculitis decalvans, and because the condition is so rare, no clinical trials exist that prove the benefit of any particular therapy over another. The majority of treatments have only been tested in small numbers of patients or described in case reports. Other types of treatments that have been tried in some case reports include steroid injections, steroids by mouth for severe flares, tablets such as isotretinoin and dapsons, and a light treatment called photodynamic therapy.

Camouflage tools such as wigs, hair fibres, hair sprays, scalp tattoos may help with the appearance. You may be able to receive wigs from the NHS.

What is the outlook for folliculitis decalvans?

The folliculitis may eventually stop and burn itself out but patients may continue to experience flares for many months or years. Folliculitis decalvans is often a condition that requires on-going long-term treatment from your doctor.

Self care (What can I do?)

Using an antiseptic shampoo may reduce the number 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>

Alopecia UK

Information and support groups

Tel: 0800 101 7025

Web: www alopecia.org.uk

E-mail: info@alopecia.org.uk

Cicatricial Alopecia Research Foundation

<http://www.carfintl.org/>

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: 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

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