PATIENT INFORMATION LEAFLET

FOLLICULITIS DECALVANS

WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to help you understand folliculitis decalvans. It explains what this condition is, what it causes it, what can be done about it, and where you can find more information.

WHAT IS FOLLICULITIS DECALVANS?

Folliculitis decalvans is a rare long-term condition of the scalp causing inflammation and hair loss (alopecia). 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 are the Latin words for 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 a reaction to a bacterium called *Staphylococcus aureus (Staph aureus), which* is naturally present on healthy skin.

WHO IS AFFECTED BY FOLLICULITIS DECALVANS?

Folliculitis decalvans is a very rare disease. It can occur in both men and women, but men are more commonly affected. It usually happens to adults rather than to 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 *Staph aureus* is often present when the area is swabbed, it is not causing an infection. Even though antibiotics are used to treat the inflammation, 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 the scalp skin may feel tight. Occasionally, bleeding and yellow pustular discharge occurs. 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. These are most common on the back of the head, but any other part of the scalp can be involved.

A characteristic feature is that several hairs ('tufts') grow 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.

HOW IS FOLLICULITIS DECALVANS DIAGNOSED?

A dermatologist often makes the diagnosis by examining your skin. They may use a handheld magnifying device with a light to look more closely at the hair follicles.

Current inflammation is suggested by pain, itching, redness, crusting or yellowish discharge of the scalp.

In some cases, a skin swab may be taken using a cotton wool bud which is then sent to the laboratory to check for other germs. As ringworm (a fungal infection) can sometimes look similar to folliculitis decalvans your doctor may also send scrapings from the skin or plucked hairs to test for fungal infection.

Sometimes a small skin sample (skin biopsy) may be taken and checked under a microscope to confirm the diagnosis. The test requires an injection to numb the area of affected skin and stitches to close the wound, which may lead to a small scar.

CAN FOLLICULITIS DECALVANS BE CURED?

There are many different treatments available to control the inflammation , but unfortunately no cure has been found. Scarring, if it develops, is permanent. Treatment aims to reduce inflammation and prevent further scarring. Symptoms may go away, but can return and require treatment to begin again.

HOW CAN FOLLICULITIS DECALVANS BE TREATED?

Treatment is usually a combination of some of the following: medicated shampoos, anti-inflammatory and antibacterial scalp solutions and/or oral antibiotics, most commonly tetracyclines. Combinations of antibiotics, such as clindamycin and rifampicin, are sometimes used. Topical corticosteroids (creams, lotions, ointments) 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 one particular therapy over another. The majority of treatments have only been tested in small numbers of patients or described in single patient case report. Other types of treatments that have been recorded in some of these case reports include steroid injections; oral steroids for severe outbreaks; oral tablets such as isotretinoin, dapsone and ciclosporin; immune-based injection medications (adalimumab, infliximab, tofacitinib, baricinitib or immune globulin); and a light treatment called photodynamic therapy.

Camouflage tools such as wigs, hair building fibres, hair sprays, scalp tattoos may help with the appearance. NHS prescriptions for wigs or hair pieces may be available. Hair transplants involve taking hair with its roots from unaffected parts of the scalp and inserting them into the affected areas of skin. Hair transplantation should not be done until the condition has been inactive for many years without treatment. This is because of the risk of recurrence (coming back)which damage the newly transplanted hair.

WHAT IS THE OUTLOOK FOR FOLLICULITIS DECALVANS?

The folliculitis decalvans may eventually burn itself out and stop, but patients may continue to experience outbreaks for many months or years. Folliculitis decalvans is often a condition that requires ongoing long-term treatment.

SELF-CARE (WHAT CAN I DO?)

Using an antiseptic shampoo may prevent scalp infections caused by bacteria. 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

Scarring Alopecia Foundation
https://scarringalopecia.org/

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

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