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**Occipital fibrosing alopecia**

Dear Editor,

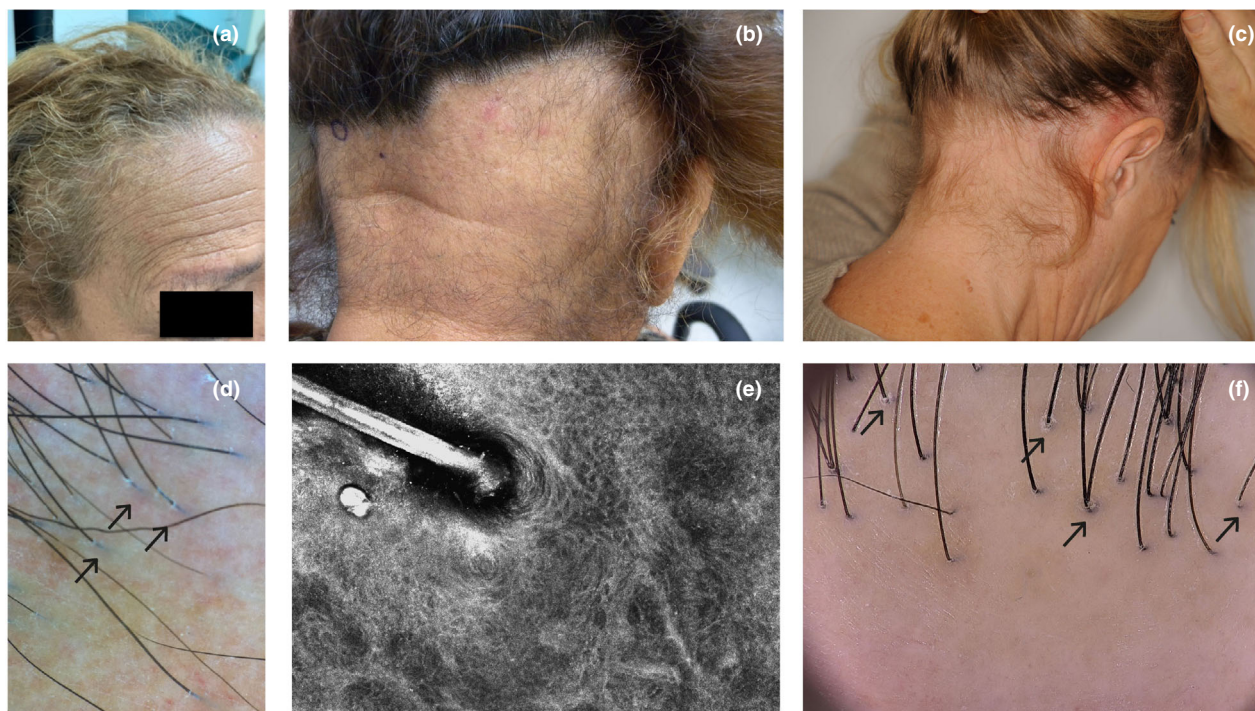
Frontal fibrosing alopecia (FFA) classically results in a band-like scarring alopecia involving the frontotemporal hairline and eyebrows.<sup>1-4</sup> Diagnosis is confirmed by trichoscopy showing the absence of vellus hairs and peripilar casts and pathology showing scarring alopecia with a lichenoid infiltrate. Occipital involvement has been described in up to 32% of cases; however, it usually occurs in association with frontoparietal scarring.<sup>5</sup> We report here a case series of 14 women with FFA limited to the occipital scalp.

The women ranged from 42 to 65 years of age. These include four Caucasian and 10 Latin American women. Five patients sought dermatological evaluation because they noticed a recession of their occipital hairline, and nine patients consulted because of excessive diffuse hair shedding. Two women

had previously been erroneously diagnosed as alopecia areata and had been treated with steroid injections and topical minoxidil without clinical improvement. No patients had a history of traction hairstyles.

Clinical examination revealed normal frontotemporal hairline in all patients. Eyebrows were normal in 10 of the 14 patients. Nine women were not aware of their occipital alopecia that was detected by clinical examination. These women complained of excessive shedding and were also diagnosed with androgenetic alopecia by trichoscopy. The extent of the occipital alopecia was mild in seven cases and severe in eight patients, with distance from the hairline to the first cervical protuberance ranging between 5 and 15 cm. In 20 normal controls, this distance ranged from 0.4 to 6.5 cm with a mean of 5.1 cm .

Trichoscopy showed loss of follicular openings in the alopecic area and loss of vellus hairs with peripilar casts surrounding the hair shaft emergency at the periphery of the patch. Confocal microscopy, performed in nine cases, showed loss of papillary pattern, concentric fibrosis, and concentric onion-like organized keratotic material. In all cases, a dermoscopy-guided biopsy was taken at the periphery of the patch to include hair shafts surrounded by peripilar casts. Pathology on horizontal sections showed follicular drop-out and perifollicular fibrosis with




**Figure 1** (a–c) Severe alopecia affecting the occipital and posterior parietal scalp. Note the presence of some remaining thin hairs inside and at the lower margin of the patch. Also note the follicular hyperkeratosis around the new hairline margin. Frontal and temporal scalp are preserved. (d) Peripilar casts (arrows), erythema, white areas, and pili torti at trichoscopy. (e) Confocal microscopy showing the loss of papillary pattern, concentric fibrosis, and concentric onion-like organized keratotic material. (f) White areas, loss of follicular openings, peripilar cast (arrows), one vellus hair

lichenoid infiltrate of lymphoid cells at the level of the isthmus (Fig 1).

We report here the first case series of frontal fibrosing alopecia exclusively localized to the occipital scalp. This diagnosis was made primarily using trichoscopy and physical examination and confirmed by confocal microscopy and pathology. It is interesting to notice that most patients were not aware of their occipital hair loss, which was discovered during clinical examination for evaluation of excessive hair shedding. It is possible that occipital fibrosing alopecia (OFA) might be more common but underdiagnosed as patients might not notice the occipital recessions and not all doctors perform clinical inspection of hair loss in this region. In our experience, the normal occipital hairline of Latin American women has a very high density of vellus and intermediate hair, and patients frequently ask for epilation of this area. This could explain why women paid scarce attention to their occipital alopecia. It is also possible that occipital involvement is secondary to koebnerization in response to hair styling or physical modalities.

Considering the rapid increase in the incidence of FFA since its initial description in 1994, it is possible that OFA may quickly become more common. Therefore, clinicians should be aware of this different pattern and evaluate the occipital hairline in patients presenting with hair loss.

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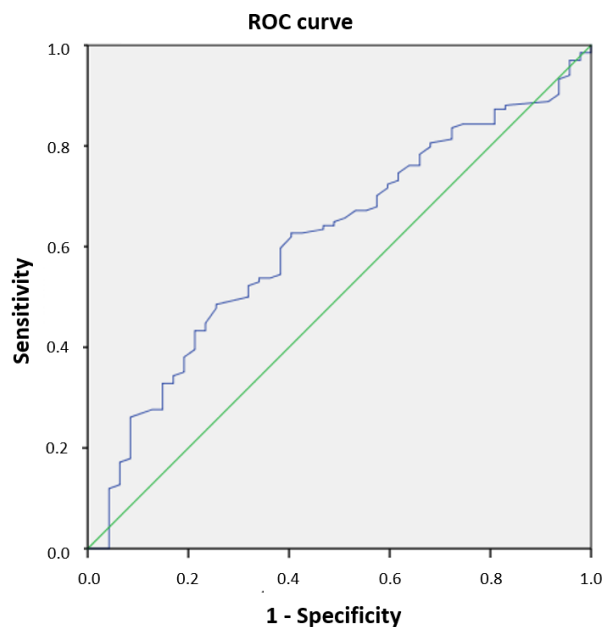
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## Skindex-29 cutoffs in an atopic dermatitis sample

Dear Editor,

The Skindex-29 instrument has been widely studied and can be used comfortably in clinical and research settings that need to measure changes in quality of life (QoL) impact. In addition, Skindex-29 has a broad emotional component and can be used to further characterize the emotional impact of skin disease.<sup>1</sup> It is one of the most used questionnaires and



**Figure 1** ROC curve concerning overall AD patients,  $n = 134$ . Area under curve = 0.615