causality of the suspected culprit drug. Moreover, PPIs can elicit serious cutaneous side-effects. Therefore, the indication for PPIs always requires careful consideration in order to avoid potentially harmful overconsumption.

Conflict of interest

The authors declare that there are no conflicts of interest.

Informed consent

The patient in this manuscript has given written informed consent to publication of his case details.

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Yellow dots in frontal fibrosing alopecia

Editor,

Frontal fibrosing alopecia (FFA), a common type of lichen planopilaris most frequently affecting postmenopausal women, is characterized by progressive loss of the eyebrows and frontotemporal recession.[1] Although FFA is a considered a scarring alopecia, the hair loss is not always irreversible and regrowth has been occasionally reported on the scalp, the limbs and, more consistently, the eyebrows.[2,3,4] Preservation of sebaceous glands has been proposed as a possible explanation for hair regrowth, especially in the eyebrows.[4] Yellow dots, first described in alopecia areata, are considered a common trichoscopic feature of non-scarring alopecias.[5] Yellow dots correspond pathologically to dilated follicular infundibula, reminiscent of the holes in

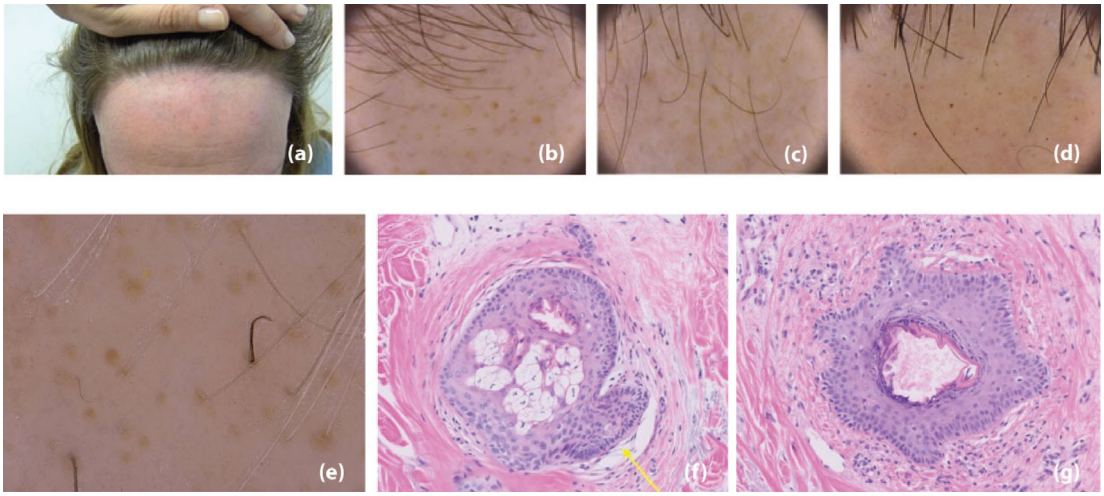

Figure 1 a. Clinical Picture, showing typical forehead recession in a female patient with FFA. b, Trichoscopic pictures showing yellow dots and short regrowing hairs. c. Yellow dots and vellous hairs seen on trichoscopy. d. Presence of multiple yellow dots interspaced among white areas. e. Presence of yellow dots and short regrowing hairs. f. Subjacent sebaceous lobules with some residual lower root segment epithelium (arrow). g. A dilated follicular infundibulum.

Figure 2 Reflectance, confocal microscopy of a yellow dot showing a dilated infundibulum and a hyperkeratotic, periosteal white ring.

Swiss cheese in horizontal sections.[6] In recent years, we have observed the presence of yellow dots in the affected hairline of patients with FFA, interspersed irregularly among the remaining hairs and also in the cicatricial band.

We report 10 patients with FFA and numerous yellow dots. Four cases are complemented with histopathology obtained from dermoscopy-guided, 2 mm biopsies and six cases with in vivo reflectance confocal microscopy. On trichoscopic examination, the yellow dots were irregularly distributed between remaining follicles at the hairline (Fig. 1b,c,d). The affected area also had peripilar casts surrounding by broken, dystrophic hairs arising from the ostia and occasional short, regrowing hairs (Fig. 1e). On confocal microscopy, the yellow dots were dilated follicular infundibula with a peripheral hyperkeratotic, white ring (Fig. 2). Remaining hair shafts in the affected area often emerged from distorted infundibula. Interadnexal keratinocytes were highlighted in a web-like fashion. Transverse histologic sections through the entirety of the 2 mm punch biopsy were performed. Nine transverse sections were obtained, demonstrating all levels of the tissue segment. Sections showed superficial, dilated follicular epithelium at the level of the infundibulum with a sparse perifollicular lymphocytic infiltrate (Fig 1f). No perifollicular fibrosis was identified either H&E sections or a colloidal iron stain. Directly beneath this milium were sebaceous lobules with a dilated duct (Fig 1g). There was some lower root segment follicular epithelium was attached (arrow). Our small series shows that yellow dots in FFA correspond to enlarged, empty infundibula associated with preserved, subjacent sebaceous glands

Perhaps preservation of sebaceous glands is an early feature of FFA and yellow dots are associated with follicles that have potential for regrowth. Since the follicular stem cells of the bulge region reside close to the sebaceous lobule in the follicle, involved follicles with preserved sebaceous glands might still retain their bulge region stem cells. Further research can elucidate whether yellow dots in FFA might represent a trichoscopic sign for possible hair regrowth. Indeed, it is not uncommon to identify regrowing hairs along the affected hairline after treatment.

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1964, as revised in 2013.

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Conflict of interest

Curtis T Thompson and María Abril Martínez-Velasco have nothing to disclosure. Antonella Tosti is consultant for DS laboratories, P&G and PI for Incyte.

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