

Interfollicular epidermis thickness differentiates LPP from FD

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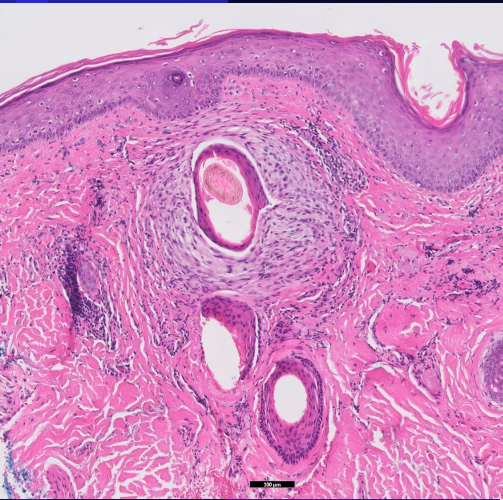
Oregon Health and Sciences University

Portland, Oregon

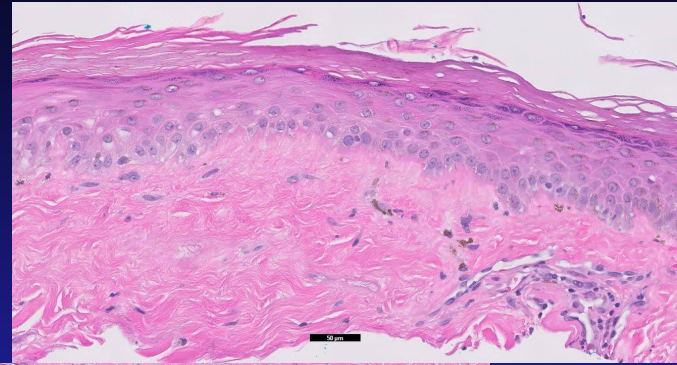
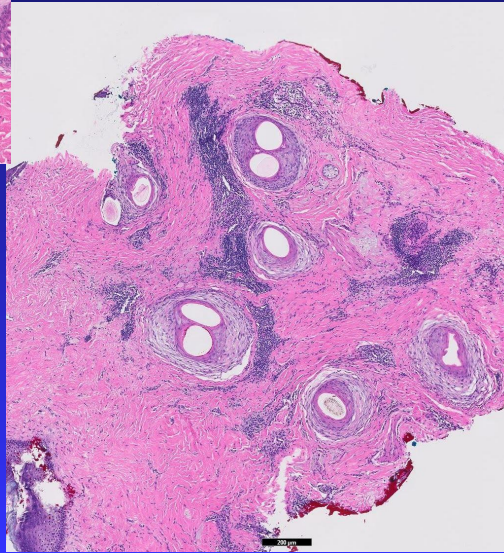
No conflict of interest



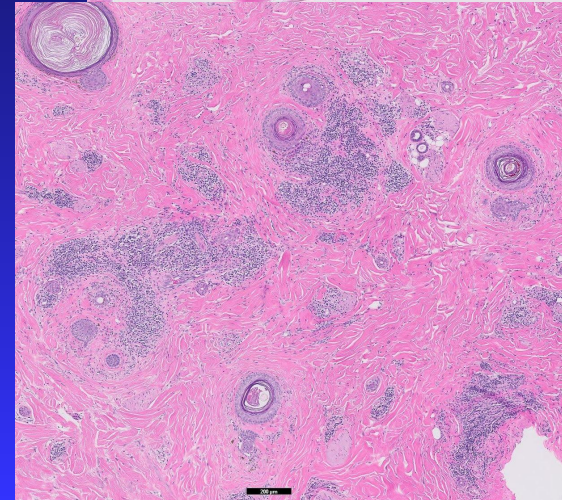
LPP $\neq$ Lupus erythematosus



LPP



LE



2001 NAHRS Classification

Lymphocytic

Chronic cutaneous lupus erythematosus
Lichen planopilaris
 Classic lichen planopilaris
 Frontal fibrosing alopecia
 Graham-Little syndrome
Classic pseudopelade (Brocq)
Central centrifugal cicatricial alopecia
Alopecia mucinosa
Keratosis follicularis spinulosa decalvans

Neutrophilic

Folliculitis decalvans
Dissecting cellulitis/folliculitis (*perifolliculitis capitis
abscedens et suffodiens*)

Mixed

Folliculitis (acne) keloidalis
Folliculitis (acne) necrotica
Erosive pustular dermatosis

Nonspecific

Olsen EA *et al.*

JAAD 48:103-10, 2003

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Folliculitis decalvans



Male

Milano A, Eur J Pediatr Dermatol 28:124, 2018

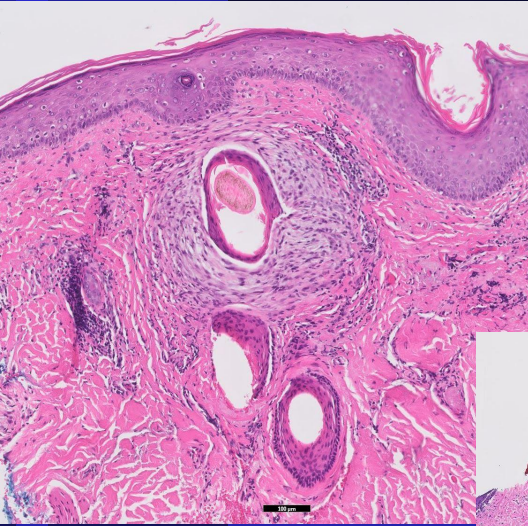
LPP



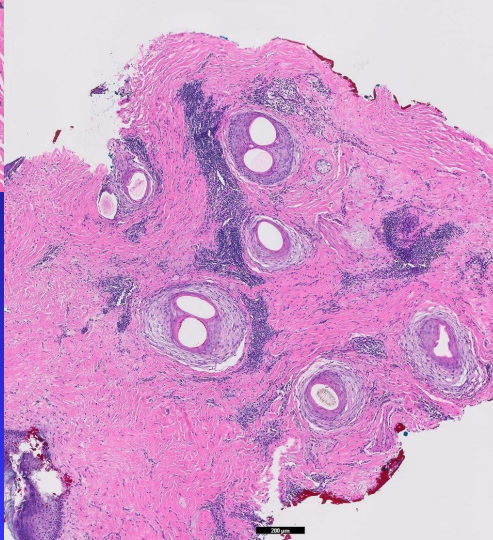
Female

<http://www.canadianhairlossfoundation.org/lichen-planopilaris>

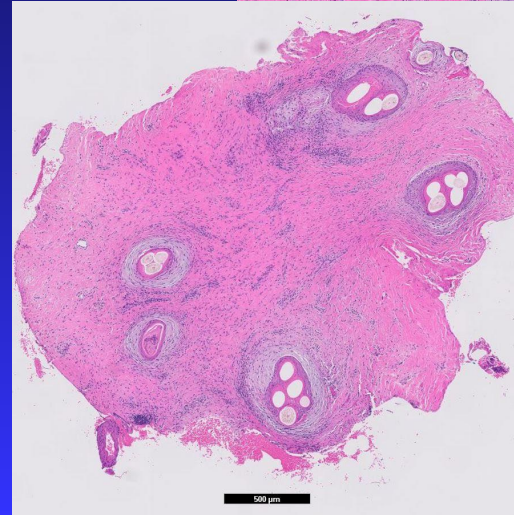
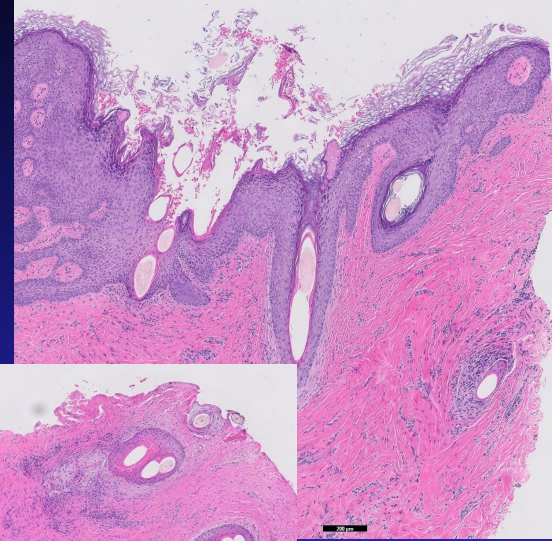
LPP vs Folliculitis decalvans



LPP



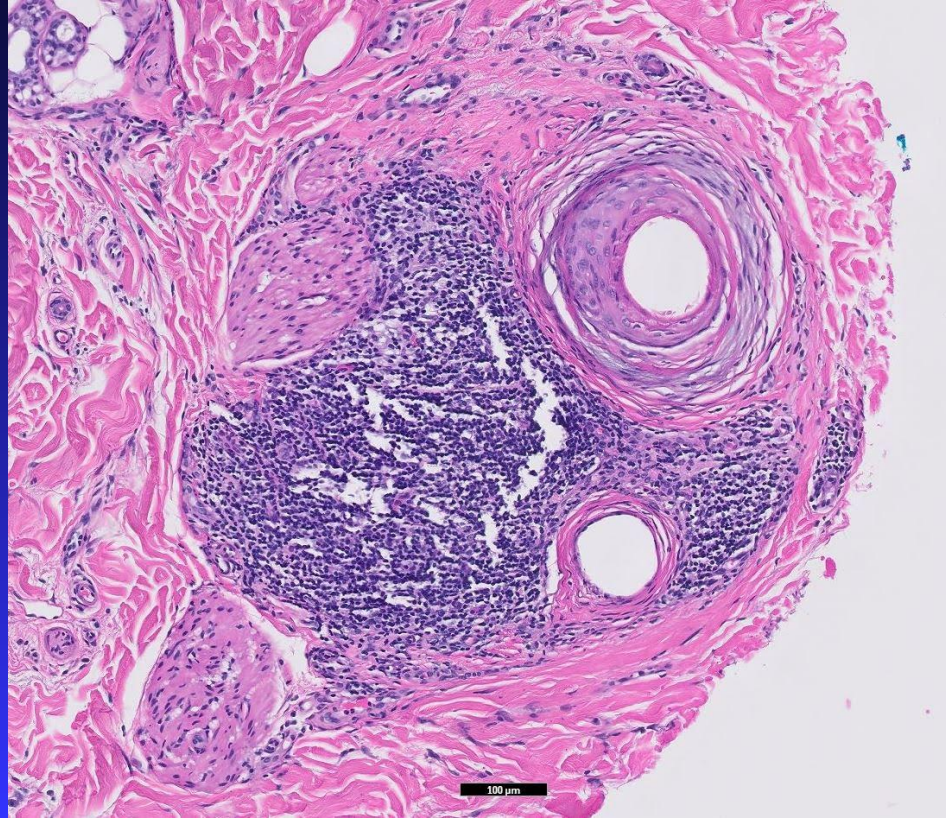
FD



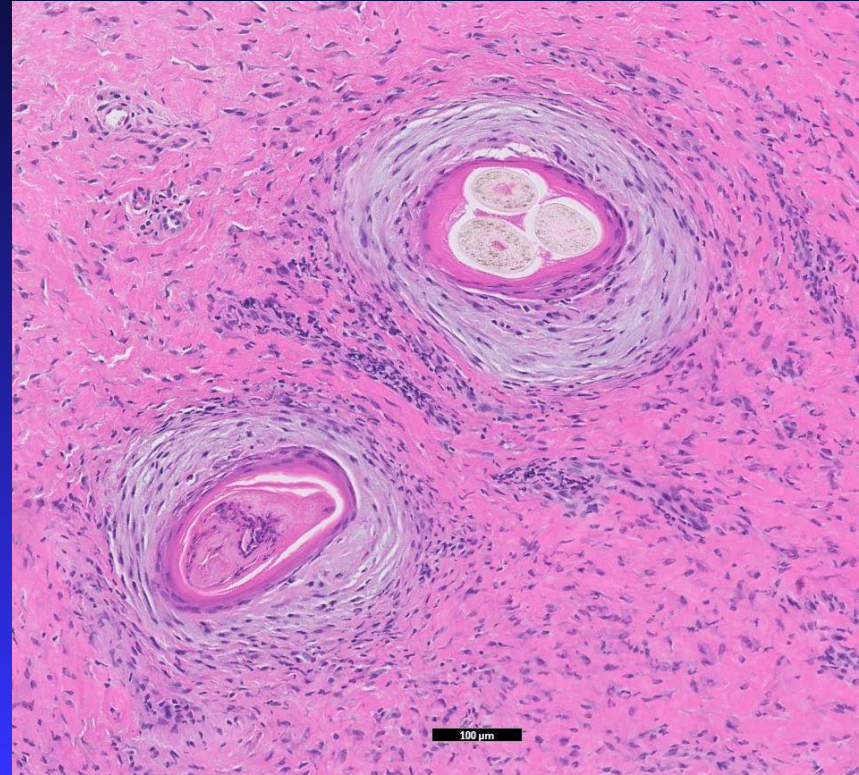
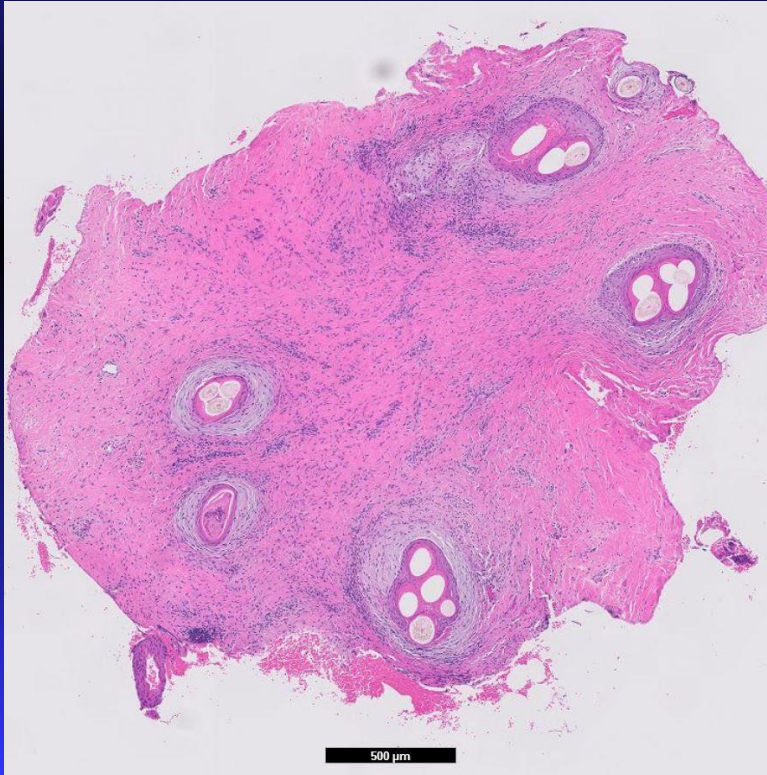
Folliculitis decalvans



Neutrophil-poor or Lymphocyte-predominant Folliculitis decalvans



Folliculitis decalvans often neutrophil-poor



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Epidermal psoriasiform hyperplasia, an unrecognized sign of folliculitis decalvans: A histological study of 26 patients.

Matard B¹, Cavelier-Balloy B², Reygagne P¹.

Author information

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Abstract

BACKGROUND: Follicular hyperkeratosis along with hyperplasia of the follicular and interfollicular epithelia are major histopathological characteristics of hidradenitis suppurativa (HS). The presence of an occasional thickening of lesional skin in some folliculitis decalvans (FD) patients and histological similarities between FD and HS led us to look for epidermal hyperplasia and follicular hyperkeratosis in FD patients.

PATIENTS AND METHOD: We performed a retrospective histological analysis of 26 patients with FD.

OBJECTIVE: We sought to find out whether the presence of hyperplasia of the interfollicular epidermis and of the follicular epithelia could be verified in FD, with reference to the work of von Laffert et al. concerning HS.

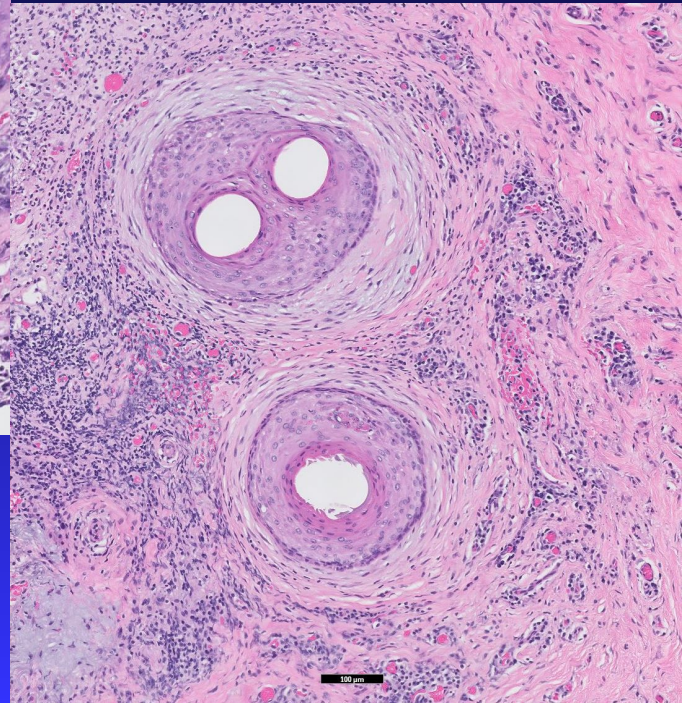
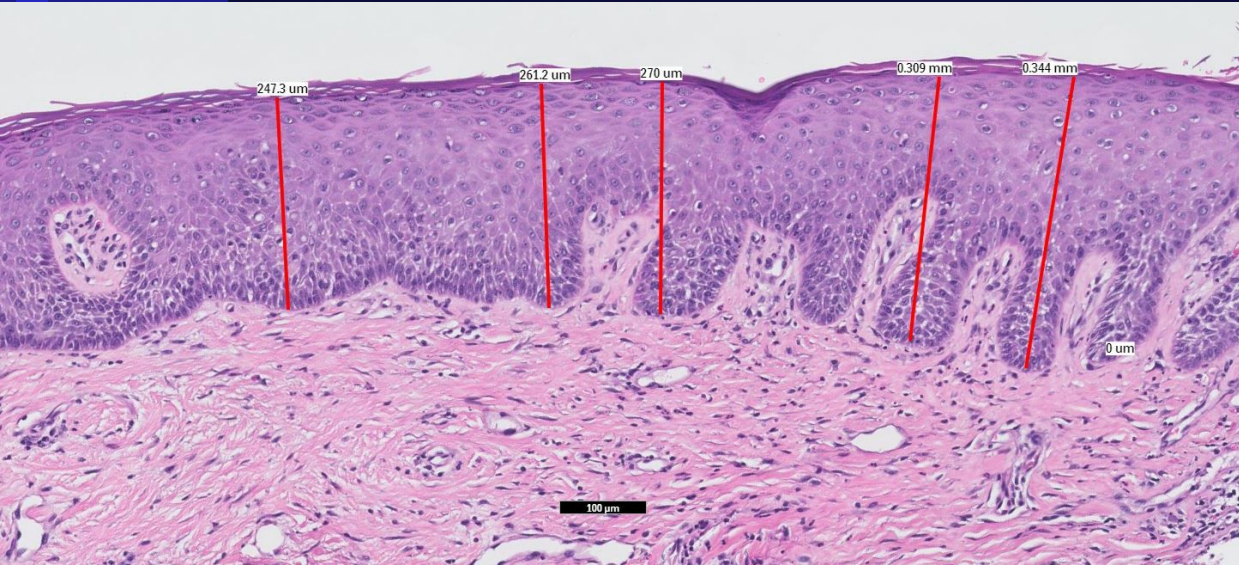
RESULTS: The main quantitative and qualitative data were: follicular hyperkeratosis (77%), hyperplasia of the interfollicular epidermis (92%) with a psoriasiform aspect (88%), atrophy of the follicular epithelia (85%), plasma cells in infiltrate (92%) in large quantities (42%), follicular microcysts (60%), atrophy of the sebaceous glands (85%) and polytrichia (54%).

CONCLUSION: Epidermal hyperplasia, sometimes psoriasiform and follicular microcysts, are significant histological signs of FD, which have been ignored until now although they seem very common.

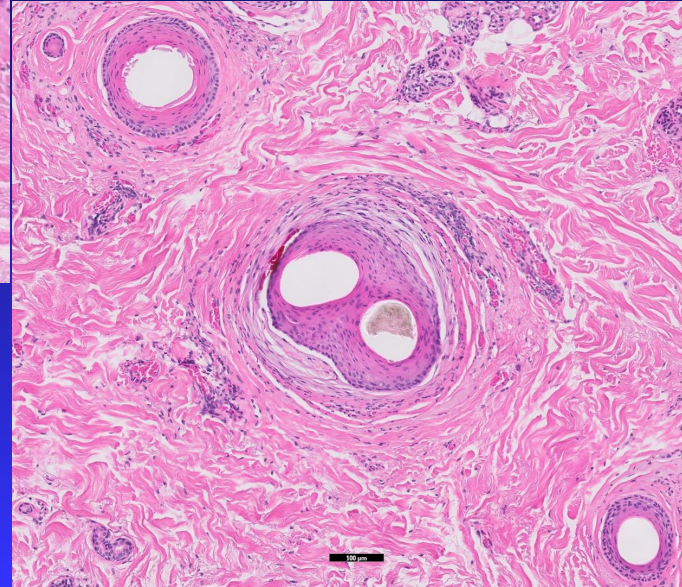
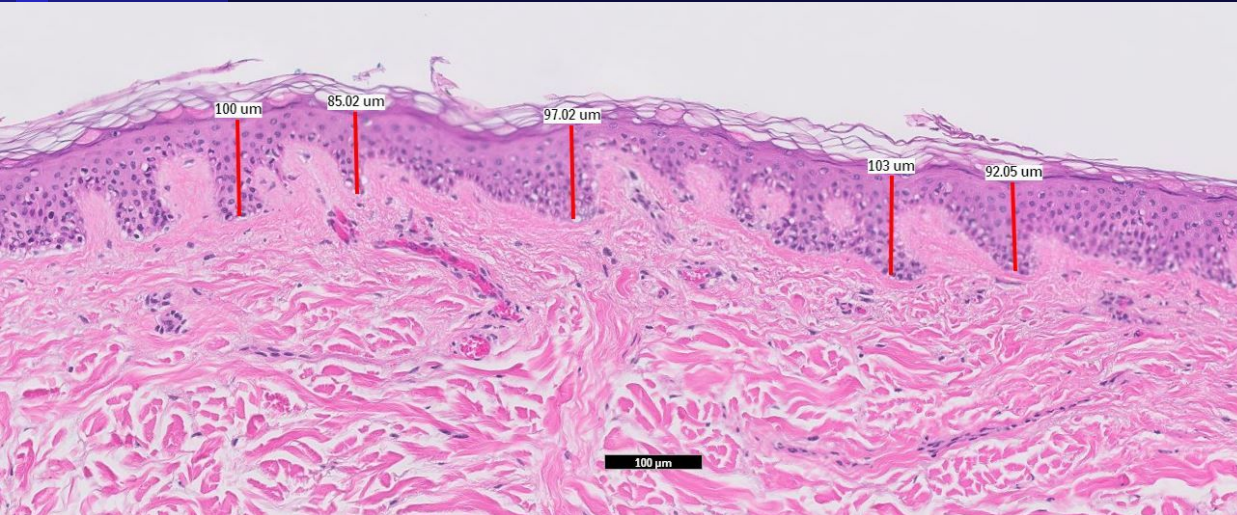
Study

	Folliculitis decalvans	Lichen planopilaris
Number of cases reviewed (N)	30	26
Mean epidermal thickness	264.2 μm	133.3 μm
95% Confidence interval (95% CI)	[246.0, 282.4]	[126.9,139.7]
Standard deviation (SD)	+/- 17.7	+/- 6.6
Standard deviation of variance (σ)	105.1	39.4
P-value	P<0.0001	

Folliculitis decalvans—Thick epidermis



LPP—Thin epidermis

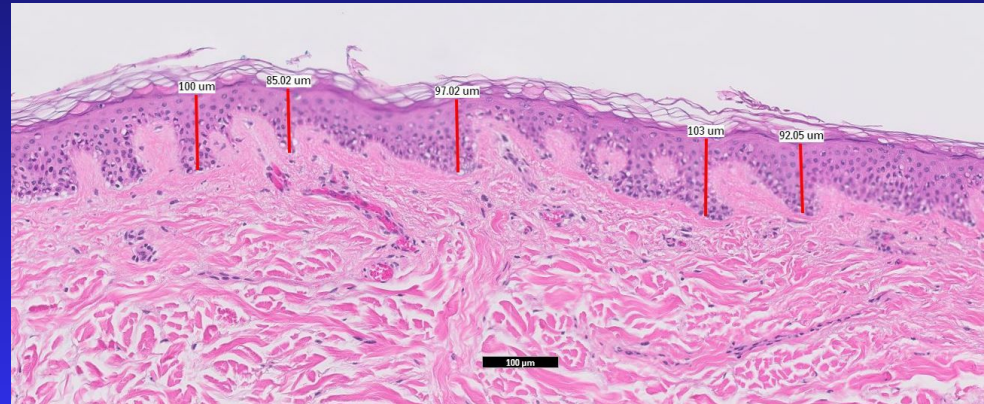
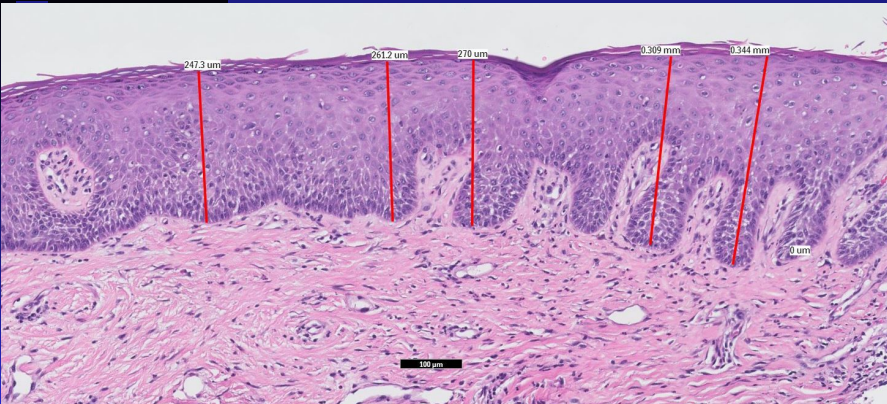


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Folliculitis decalvans vs LPP

- Many cases of FD are neutrophil-poor
- Epidermal thickness $FD \gg LPP$



References

- 1) Matard B, Cavelier-Balloy B, Reygagne P. Epidermal psoriasiform hyperplasia, an unrecognized sign of folliculitis decalvans: A histological study of 26 patients. J Cutan Pathol. 2017; 44(4): 352-7.
- 2) Olsen EA, Bergfeld WF, Cotsarelis G, *et al.* Summary of North American Hair Research Society (NAHRS)-sponsored workshop on cicatricial alopecia, Duke University Medical Center, February 10 and 11, 2001. J Am Acad Dermatol. 2003;48(1):103-10.
- 3) Alsantali A, Shapiro J. Primary cicatricial alopecias. Expert Rev Dermatol. 2010; 5(2):213-227.
- 4) Tandon YK, Somani N, Cevasco NC, *et al.* A histologic review of 27 patients with lichen planopilaris. J Am Acad Dermatol. 2008; 59(1): 91-8.
- 5) Nguyen JV, Hudacek K, Whitten JA, *et al.* The HoVert technique: a novel method for the sectioning of alopecia biopsies. J Cutan Pathol. 2011; 38: 401-6.

Thanks!

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