

# Experts in Skin & Hair

## Folliculitis decalvans

### What is folliculitis decalvans?

Folliculitis decalvans is a type of scarring hair loss that presents with pustules and tufting of the hair (resembles a doll's hair) within the scalp.

### What causes folliculitis decalvans?

The cause of folliculitis decalvans is unknown. Staphylococcus Aureus, a type of bacteria, is frequently found when a skin swab is taken from a pustule. The role of bacteria is unclear as the inflammatory process often persists after a course of antibiotics and bacteria may only be the initial trigger.

### What are the symptoms?

Patients with folliculitis decalvans often present with recurrent pustules in a localised area on the scalp. It can be associated with pain, burning and occasionally itch. It is associated with hair loss.

### What does folliculitis decalvans look like?

Folliculitis decalvans is characterised by a localised area of hair loss, pustules and tufting hairs. Tufted hairs refer to multiple hairs coming out of a single follicular ostium, giving a "doll's hair" appearance. The crown is frequently affected, although the condition can be more widespread. Pus and crust formation around hairs is common.

### Can it be cured?

When hair follicles have been destroyed they cannot re-grow. The hair loss is therefore irreversible. The condition is often persistent. There are treatments aimed at both stopping further destruction of the hair follicles and decreasing pain and pustule formation.

### How can folliculitis decalvans be treated?

Folliculitis decalvans is a difficult condition to treat but it can be controlled with topical treatments and tablets. The evidence for any of the treatments in this condition is poor.



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## **Anti-microbials**

Anti-septic washes, combined with topical anti-bacterial treatments can be beneficial. Oral antibiotics are required in addition to this in most patients. Commonly used drugs include tetracycline based antibiotics (as used in acne) and combinations of antibiotics such as rifampicin and clindamycin. Treatment courses are typically long e.g. 4-6 months, and often have to be repeated.

## **Topical Steroids**

In addition to anti-microbials, topical steroids in the form of lotions, gels or mousses can help control the condition.

## **Isotretinoin**

This derivative of Vitamin A is used commonly for severe acne. It can be useful in this condition but requires consultant supervision.

