

Experts in Skin & Hair

Lichen Planopilaris

What is lichen planopilaris?

Lichen planopilaris is a type of scarring hair loss that is thought to be a variant of lichen planus attacking hair-bearing areas. Inflammation around the hair follicle causes destruction of the follicle, which is then replaced with scar tissue. It is twice as common in women as it is in men and is seen mostly in adults, with the commonest age of onset being in the mid-40s.

What causes lichen planopilaris?

The cause of lichen planopilaris is unknown. Occasionally some drugs, such as gold, used in rheumatoid arthritis can trigger the disease. Some patients will identify a very stress episode in their lives prior to the onset.

What are the symptoms?

Lichen planopilaris typically causes an intensely itchy scalp. The crown and vertex are most typically affected. The itch is associated with hair loss. Pain, burning and scalp tenderness may also be experienced. Lichen planus can also affect the skin, mouth, genitals and nails.

What does lichen planopilaris look like?

Lichen planopilaris causes redness around the hair follicle, as well as some scale around the hair, known as follicular hyperkeratosis. This may give the base of the hairs a rough feel. Where hairs have been destroyed the scalp is shiny pink. The crown and vertex are most commonly affected, with lichen planopilaris typically being diffuse in its distribution.

Can it be cured?

When hair follicles have been destroyed they cannot re-grow. The hair loss is therefore irreversible. The condition does tend to burn itself out although this typically takes months to years. There are treatments aimed at both symptomatic relief of the itch and also stopping further destruction of the hair follicles.

How can lichen planopilaris be treated?

Lichen planopilaris can be treated with topical treatments, such as steroid lotions and tablets. The evidence for any of the treatments in this condition is poor.



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Topical Steroids

Potent topical steroids in the form of lotions, gels or mousses can manage localised disease. Injection of a steroid may be an option if only a small area is involved.

Systemic Steroids

Short courses of oral steroids can be used to try and switch off the attack, but side effects limit the long-term use of oral steroids.

Hydroxychloroquine

Although slow to act, this member of the anti-malarial family can be very useful in this condition.

Ciclosporin

This is a powerful immunosuppressive drug most commonly used in patients who have had a kidney transplant. It can be beneficial but the condition frequently relapses on stopping treatment.

Tetracycline antibiotics

These antibiotics are commonly used in the treatment of acne. They are occasionally used to treat lichen planopilaris.

Mycophenolate mofetil

This is a powerful immunosuppressive drug most commonly used in patients who have had a kidney transplant.

JAK inhibitors

There are a number of case series using JAK inhibitors licensed for other conditions, such as alopecia areata or eczema, being beneficial in Lichen Planopilaris. The evidence is still weak and these can be expensive medications and determining treatment success can be very challenging.

Physical Therapies

There are a number of non-drug based approaches. These may include PRP (Platelet Rich Plasma), low level laser light, UVB laser or LED, or Tricopat as a drug delivery system of triamcinolone.

What if I need a wig?

Some individuals who have extensive hair loss from lichen planopilaris will choose to wear a wig. These can either be bought privately or obtained through the NHS (although a financial contribution is required) with a consultant's prescription.

