REVIEW

A Severe Case of Folliculitis Decalvans

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Abstract
Folliculitis decalvans (FD) is an uncommon, chronic skin disease, characterized by cicatricial alopecia and follicular pustules. This condition affects men more often, and rarely occurs in children. The etiopathogenesis suggests that immunologic response to staphylococcal superantigens may play a role in FD. Treatment is necessary, and should be adapted to the clinical form and severity of the disease.

Key words: folliculitis decalvans, doxicycline, S. Aureus.

Introduction

Folliculitis decalvans (FD) is a rare, chronic, primary neutrophilic scarring alopecia, characterized by expanding patch of alopecia, with pustules. In some cases, it associates pain or pruritus [1]. The incidence in not exactly known, an it is estimated between 9% and 11% [2, 3]. FD occurs more often in men, and rarely affects children [4].

Etiopathogenesis of FD is still unclear. However, involvement of *S. aureus* has been accepted: not only its bacterian role, but also staphylococcal superantigens that bind to class II major histocompatability complex (MHC) proteins, causing nonspecific activation of T lymphocytes, resulting in release of cytokines and follicular destruction [5]. Other theories include: an autoimmune process, a genetically determined immune deficiency, pathogenic biofilms, and a congenital abnormality of follicular orifices [6 - 8].

Clinically, FD presents as multiple confluent plaques of cicatricial alopecia, with pustules, with/without inflammatory papules and sbsence of follicular orifices [9].