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DISSEMINATE AND PERSISTENT INFUNDIBULO-FOLLICULITIS

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An 18-year-old girl presented with a persistent skin eruption of 6 years duration. She had skin-coloured follicular papules involving the trunk, proximal extremities, neck and face. Histopathology revealed spongiosis of the follicular infundibulum and infiltration with lymphocytes and neutrophils. Treatment with oral vitamin A and topical retinoic acid was ineffective.

Key Words: Infundibulitis, Folliculitis

Introduction

Disseminate and recurrent infundibulo-folliculitis was first described in a 27-year-old Negro male by Hitch and Lund,[1] who suggested this terminology as the pathologic changes were confined to the infundibulum of the follicle. We report what we believe is the first Indian case of infundibulo-folliculitis.

Case Report

An 18-year-old unmarried girl presented with a 6 years history of persistent, occasionally itchy skin rash. The rash appeared with lesions initially affecting the upper part of the chest and back. The eruption gradually spread to involve the entire trunk, arms, thighs, neck and the face. There was no seasonal variation. There was no history suggestive of atopy. No other family members were affected.

Examination revealed an extensive eruption of 2-3 mm sized skin coloured papules many of which were pierced by a hair. The entire trunk, the proximal parts of the upper and lower extremities, the neck and the forehead and sides of the face were involved.There was sparing of the distal extremities. The palms, soles and the mucous membranes were normal. The papules were rounded and flat topped with a uniform distribution that appeared to involve all the follicles in the affected sites (Fig. 1).

Fig. 1. Close-up of individual papules on chest.

Systemic examination was normal. Routine baseline investigations were within normal limits.Histology of a papule from the chest revealed a hair follicle oriented at an angle to the surface epidermis (Fig.2) The upper portion of the follicle (infundibulum) showed marked spongiosis with an occasional necrotic keratinocyte and infiltration with lymphocytes and neutrophils (Fig.3) There was mild lymphocytic perivascular infiltration in the superficial dermis with a few scattered melanophages. The adjacent surface epidermis and the lower portion of the follicle were uninvolved. The patient was given high doses of oral

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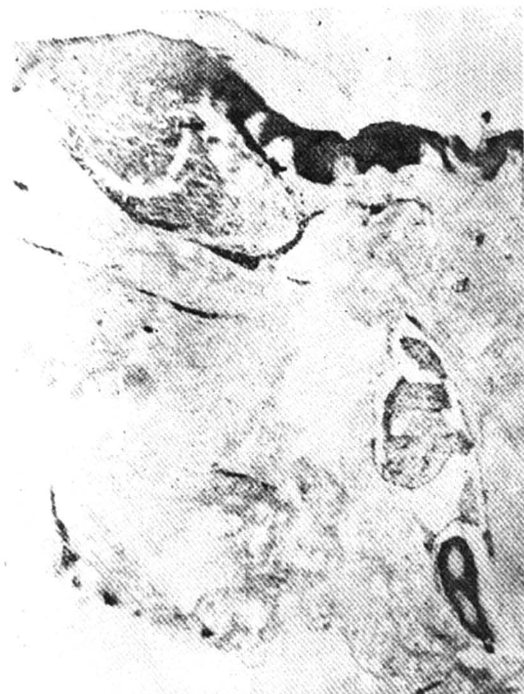

Fig. 2. Obliquely oriented hair follicle with infundibular infiltration and normal lower portion (H & E, x 40).

Fig. 3. Infiltration of infundibulum with lymphocytes and neutrophils (H&E,x100).

vitamin A (100,000 IU/day) along with topical retinoic acid (0.025%) for several months without any appreciable benefit. Pruritus was controlled with calamine lotion and oral antihistaminics.

Discussion

The aetiologic factors in infundibulo-folliculitis are unknown and genetic factors may be involved as the dermatosis has so far been described only in the Negroid race.[1-4]

Our report is, to the best of our knowledge, the first in an Indian patient. This patient had no exacerbations and remissions but a persistent eruption that clinically and histologically was consistent with disseminate infundibulo-folliculitis.

Many dermatoses in blacks tend to be papular or follicular as a result of unknown factors that cause a peculiar affinity for the pilar apparatus. Blacks are uniquely susceptible to several diseases localized entirely in the follicle or in the hair-bearing areas.

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