

TRICHOSTASIS SPINULOSA

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A 40-year-old male presented with trichostasis spinulosa on the vertex, which is quite rare.

Key words : Trichostasis spinulosa.

Trichostasis spinulosa is a peculiar disorder of the pilo-sebaceous follicles characterized clinically by the development of numerous comedone-like black dots which actually are small tufts of fine hairs.¹ The number of hairs in each tuft varies from 5 to 50. The disease is most common among the elderly persons and is mainly localized to the face particularly the nose, but other areas like the vertex, neck, upper chest or back may also be affected.² The condition is asymptomatic and it is only a cosmetic problem.

We are reporting a case whose lesions were confined to the vertex only. This is an unusual presentation, and can be misdiagnosed as black dot fungus.

Case Report

A 40-year-old man developed a patch of alopecia on the vertex about a year ago. The patch was asymptomatic and increased in size very slowly. This had been diagnosed as a case of black dot fungus and given oral griseofulvin, 250 mg twice daily for 4 months. When seen by us, he had a fairly defined patch of alopecia with numerous black plugs on his scalp (Fig. 1). Closer examination revealed that each plug in fact was a projecting tuft of vellus hairs. Few of the plugs taken out with a forceps and examined under the microscope were found to contain small hairs embedded in a keratinous material.

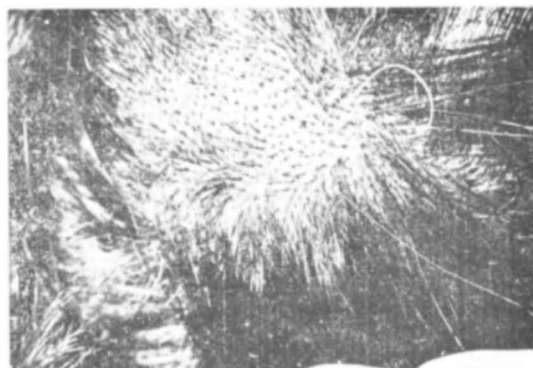


Fig. 1. Black plugs on the scalp.

The number of hair in each tuft varied from 4 to 12. The skin of the scalp was normal and there were no black plugs on the skin elsewhere. Tests for fungus were negative. Treatment with topical retinoic acid showed no improvement after one month therapy.

Comments

In trichostasis spinulosa, each affected hair follicle contains numerous hairs embedded in a keratinous horny plug in its infundibular portion.³ The retained hair are telogen or club hair of the vellus type. It appears that this condition is a result of hyperkeratotic changes in the infundibular part of the follicle, which partially obstructs the expulsion of the successive club hairs produced by the same hair matrix.⁴ It is more probable, however, that the condition represents the involutionary stage in a variant form of follicle, because histopathological studies show multiple matrices within a common follicular orifice.² According to Mills and

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Kligman,⁵ trichostasis spinulosa of the nose and cheek is so common among the elderly that it may be regarded as a normal expression of the ageing process. Apparently, with the increasing flaccidity of the connective tissue, the follicles become lax and the horny debris is not so readily sloughed off. Role of endocrinal factors and actinic rays has also been suggested.⁶

Trichostasis spinulosa was first reported by Galewsky in 1911. Since then more cases have been reported by different workers.^{1,3-5,7} From India, this condition was reported by Hajini et al⁸ in 1969. We could not find any other case report from India except one by Kailasam et al⁶ from Madras in 1979. Limited number of case reports suggests rare occurrence of this condition. In fact, it is far more common than reported. Rarity of case reports is due to the fact that this condition is not usually sought and many cases are mistaken for acne black heads. Topical retinoic acid is effective in this condition also.⁵ Trichostasis spinulosa is mainly localized to the face, particularly on the nose and the cheeks. Although the text book of dermatology mentions that this disease may affect vertex also,²

we could not find any report in the literature recording lesions on scalp only.

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