

# FAMILIAL INCIDENCE OF PSEUDOPELADE OF BROCCO

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Pseudopelade of Brocq is an asymptomatic, beginning insidiously with small, white, depressed, bald spots, devoid of normal hair that mark the borders of some of the earlier lesions with atrophy and minimal perifollicular erythema, if at all. We report here a family of 3 members (2 brothers and 1 sister) with similar findings of cicatricial alopecia for more than 10 years duration but without any cause which may lead to scarring and loss of hair of primary type of pseudopelade. To the best of our knowledge no familial incidence of pseudopelade has been reported any where in literature so far.

**Key Word : Pseudopelade**

## Introduction

Pseudopelade of Brocq is a slowly progressive cicatricial alopecia which may be either a specific entity or the end of a variety of disorders of the scalp all of which end in scarring.<sup>1</sup> However, since there are patients that show no clinical or histologic evidence of any other disease early in their course, it is reasonable to speculate that there are at least some cases in which pseudopelade is a primary disorder.<sup>2</sup> The term pseudopelade originates from the similarity to alopecia areata (peladae) on casual clinical inspection.<sup>3</sup>

## Case Report

**Case-1:** A, 38-year-old male presented with irregular bald areas on the scalp of 12 years duration. Clinical examination revealed—irregular bald zones on vertex, temporal and parietal region, of the scalp, skin of the involved area showed atrophy and seemed glossy, soft and more pliable (wrinkled when compressed between the fingers). The process of falling of hair was arrested on

its own for last 2 years. There was no clinical or histological evidence of any other disease early in the course.

**Case 2 :** A 28-year-old male, younger brother of case 1 had similar atrophic irregular bald patches with islands of normal hair in between over the vertex for 10 years (Fig. 1). The process was still active and the hair at the edge of patches could be easily plucked out. There was no



Fig. 1.

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evidence of any inflammation or trauma to the scalp. No other disease associated.

**Case 3 :** A 22-year-old female, sister of case 1 and 2 had history of 14 years

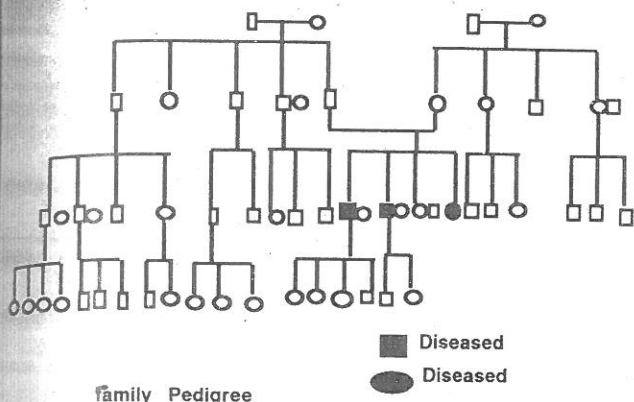


Fig. 2.

duration of falling of hair leaving behind atrophic and irregular bald patches with a few normal hair in between over parietal and vertex area of scalp. No signs of inflammation or any other disease on clinical examination.

Rest of the siblings did not show any evidence of the disease. Even parents were having normal hair, as shown in the family pediagree (Fig. 2).

## Comments

There was no evidence of any consanguinous marriage in the family, no history of any clinical or histological disease associated, no physical or chemical traums to the scalp prior to or early in the course of the disease, no paternal or maternal member in the family affected with similar illness.

The clinical features of atrophy, irregular, bald spots (to start from vertex) with islands of normal hair, slow progression, insidious onset, without any evidence of other disease establishes the diagnosis of pseudopelade of primary type. However, the familial incidence of pseudopelade is very rare and to best of our knowledge we have not come across of any such incidence in the literature so far.

## References.

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