

Noncicatricial alopecia due to plaque-type psoriasis of the scalp

Sir,

Psoriasis is a chronic disease having different facets of clinical presentation. In this letter, we report a fairly uncommon presentation of scalp psoriasis – rounded plaque-type with tufts of hairs at the center, and a partial hair loss in the surrounding area of the plaques.

An otherwise healthy 28-year-old man presented to our clinic with the complaint of clusters of hairs localized on erythematous and desquamated plaques on the scalp since one year. He had no history of using drugs. On dermatological examination, the patient had silver-white scaly erythematous plaques on the knees and elbows with tufts of hairs localized at the center of

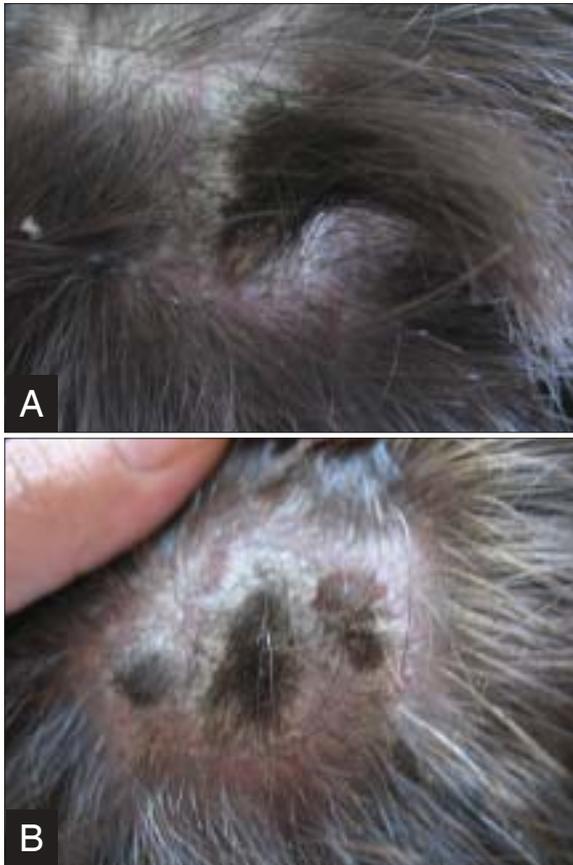


Figure 1: (A and B): The tufting of the hair at the center of the well-demarcated psoriatic plaques and the partial hair loss in the surrounding area

these well-demarcated plaques. Also, there was partial hair loss circumscribing the plaques [Figures 1A and 1B]. The results of routine laboratory examinations were within normal limits. The histopathological examination of the lesions showed epidermis with orthokeratosis, parakeratosis, and regular acanthosis. The granular layer of epidermis and suprapapillary dermis were thinned. There was inflammatory infiltration of mononuclear cells at the upper dermis [Figure 1C]. Besides psoriasis, no other causes for hair loss could be detected. The psoriatic lesions, the appearance of tufts of hair, and the partial hair loss improved completely within a few months of systemic cyclosporine-A therapy (250 mg a day) [Figure 1D]. Presently, the patient is under follow-up treatment without any recurrence.

Psoriasis is a chronic disease, characterized by red scaly plaques, showing predilection to knees, elbows, retroauricular region, scalp, lumbar area, and the umbilicus. Enlarging psoriatic plaques can have varied clinical appearances.^[1] After topical treatment, plaque-type psoriasis may show transient circinate, arcuate

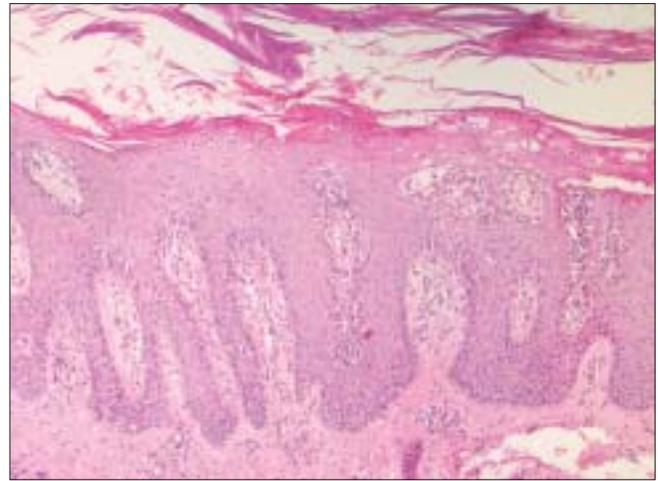


Figure 1C: The histopathological examination of psoriatic lesions showing thinned suprapapillary portion of epidermis characterized by regular acanthosis and hypogranulosis (H and E, x25)



Figure 1D: The lesions and hair loss improved completely after the therapy

lesions, and appear as annular forms. In our case, the patient had rounded plaque-type psoriasis located on the scalp, resembling annular form due to tufting of hairs at the center of the plaque.

Another interesting observation in our patient was the partial hair loss near the psoriatic plaques. The data in the literature regarding psoriatic alopecia is scanty. Psoriatic alopecia can be seen as either cicatricial or noncicatricial.^[2-5] In some studies, the hair loss was either massive or moderate.^[2,5] Among these limited data, the largest series of 47 psoriatic alopecia patients belongs to Runne and Kroneisen-Wiersma.^[2] The authors observed that the alopecia was usually circumscribed in chronic plaque-type psoriasis, as in our patient. It was believed that psoriatic alopecia was the result of symptomatic hair loss in the region of scalp psoriasis. They also noted the impressive finding of hair loss in tufts in 36% of their patients, and

explained this condition by the firm attachment of hair shafts to the hyperkeratotic plaque that cause telogen hairs to be bound in conglomerations. When these plaques were removed, hair loss in tufts occurred.

In our case, the hair loss surrounding the plaque of psoriasis was moderate. The appearance of “tufts of hair” is thought to be occurring from the compactness, and the loss of hair can be due to inflammation of psoriatic plaque. This case had a rare presentation of psoriasis vulgaris on the scalp with hair loss, and an interesting observation of plaque-type psoriasis with “tufts of hair”.

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REFERENCES

1. Christophers E, Mrowietz U. Psoriasis. In: Freedberg IM, Eisen AZ, Wolff K, Austen KF, Goldsmith LA, Katz SI, editors. Fitzpatrick's dermatology in general medicine. 6th ed. New York: Mc-Graw Hill; 2003. p. 407-27.
2. Runne U, Kroneisen-Wiersma P. Psoriatic alopecia: Acute and chronic hair loss in 47 patients with scalp psoriasis. *Dermatology* 1992;185:82-7.
3. Shuster S. Psoriatic alopecia. *Arch Dermatol* 1990;126:397.
4. Wright AL, Messenger AG. Scarring alopecia in psoriasis. *Acta Dermatol Venereol* 1990;70:156-9.
5. Bardazzi F, Fanti PA, Orlandi C, Chierigato C, Misciali C. Psoriatic scarring alopecia: Observations in four patients. *Int J Dermatol* 1999;38:765-8.