

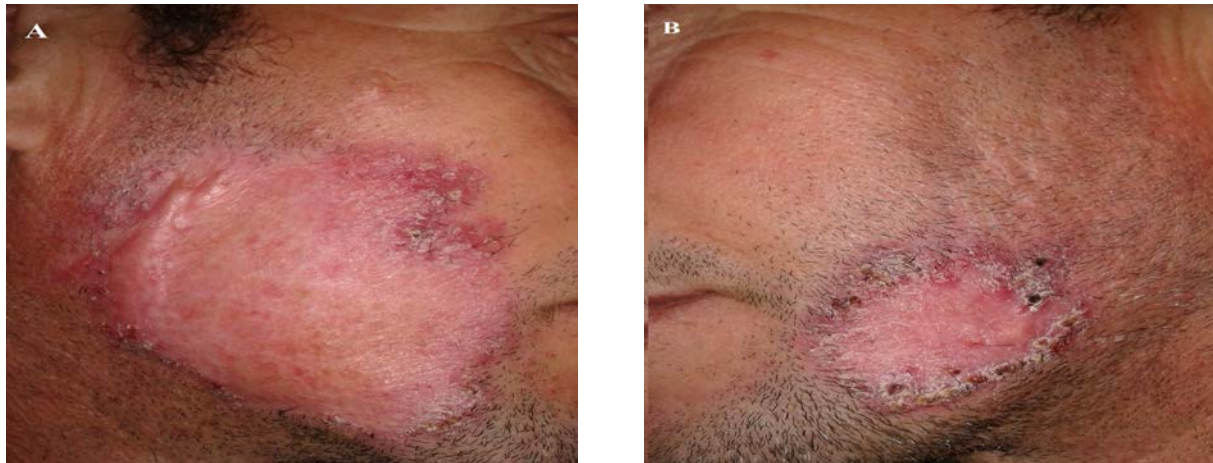
IMAGES IN CLINICAL MEDICINE

UNUSUAL TUFTED HAIR FOLLICULITIS

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A 37-year-old marine presented with a 7-year history of plaques on both cheeks which gradually increased in size, leaving behind scarring alopecia. On clinical examination, two erythematous plaques surrounded by inflammatory borders were found (Panel A-B). They were surmounted by follicular pustules covered with zones of honey-colored scabs and the presence of some tufted hair. Mycological and parasitological studies of the samples were negative, but the bacteriological studies of the pus swabs revealed staphylococcus aureus. Histology studies on the upper papillary and reticular dermis layers showed a mixed inflammatory cell infiltrate which included lymphocytes, plasma cells, and neutrophils which were mostly perifollicular. In areas of tufting, multiple hairs were seen emerging from a single follicular opening. The diagnosis of tufted hair folliculitis was made based on clinical and histopathological findings. Other differential diagnoses of scarring alopecia have been eliminated, including a chronic lupus. Therapeutic management was commenced with an oral antistaphylococcal antibiotic. Follow-up three weeks later showed regression of the pustular lesions but persistence of scarring alopecia plaques with inflammatory borders.

Tufted hair folliculitis was first described by Smith and Sanderson in 1978. This is a rare progressive pattern of scarring alopecia that affects the scalp. The cause of this disorder is unknown. Staphylococcal organisms are frequently found in the lesion, although their role in the pathogenesis is still unclear. No widely accepted treatment regimen exists. Tufted hair folliculitis in locations other than the scalp, and bilaterally on the cheeks, is an unusual presentation.

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