Cicatricial Alopecia Update

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Cicatricial alopecias encompass a diverse group of disorders characterized by irreversible hair loss due to destruction of the hair follicle. Where there is no obvious physical/chemical injury or infectious etiology, clinical differential diagnosis may be difficult. On the basis of histologic findings, a differentiation is made between primary and secondary scarring alopecia due to preferential destruction of the follicle, or resulting from events outside impinging upon and eradicating the follicle, respectively. The former includes well-defined chronic-inflammatory diseases further differentiated depending on the type and pattern of inflammation.1 Although clinicopathologic features allow for diagnosis in many cases,2 diagnostic certainty is sometimes elusive, and therapeutic limits reflect the boundaries of our present understanding. With expanding technologies for dissecting the immunologic and molecular basis, there is hope for a deeper understanding of the underlying pathogenesis and novel therapeutic interventions. Among these, currently, microarray analysis is used to identify disease associated gene expression patterns. For instance, microarray analysis of lichen planopilaris (LPP), compared to normal scalp biopsies, identified decreased expression of the peroxisome proliferator-activated receptor (PPAR) gamma, and it has been proposed that PPARgamma-targeted therapy may represent a new treatment strategy for LPP.3 Finally, the gene expression profiles in LPP and pseudopelade Brocq (PPB) were found to be sufficiently distinguishable to suggest that LPP and PPB should be regarded as biologically distinct entities.4 It remains to hope that further studies on these lines will also help to clarify the nosologic classification of controversial entities such as the follicular degeneration syndrome, fibrosing alopecia in a pattern distribution, and central centrifugal cicatricial alopecia.

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