Guidelines for Diagnostic Evaluation in Cicatricial Alopecia
Prof. Ralph M. Trüeb, MD, Center for Dermatology and Hair Diseases, Wallisellen (Zurich) Switzerland, www.derma-haarcenter.ch

Introduction: Cicatricial alopecias represent a diagnostic as well as a therapeutic challenge to the practitioner. They encompass a diverse group of disorders characterized by irreversible hair loss due to permanent destruction of the hair follicle. Where there is no obvious physical/chemical injury or acute infectious etiology, clinical differential diagnosis is often difficult. Moreover the cause of many of these disorders remains largely unknown.

Objective: The loss of follicular orifices in an area of alopecia points to a permanent loss of hair.

Materials and Methods: In all cases microbiological studies and a scalp biopsy are indicated.

Discussion: Primary and secondary scarring alopecia are differentiated: While the former is due to preferential destruction of the follicle, the latter results from events outside the follicle, which eventually impinge upon and eradicate the follicle. These include infiltrative processes such as granulomatous inflammation or neoplastic disease. In the group of primary scarring alopecia, well-defined chronic-inflammatory diseases of the scalp partly amenable to specific therapies are differentiated microscopically on the basis of the type of inflammatory cell that predominates (lymphocytic in lupus erythematosus, lichen planopilaris, and pseudopelade Brocq; neutrophilic in folliculitis decalvans, dissecting cellulitis, and tinea capitis; or mixed in acne miliaris necrotica, acne keloidalis, and erosive pustular dematitis) and the pattern of inflammation. Microbiological studies will identify fungal (tinea capitis), superficial (ostiofoliculitis) or persistent deep bacterial infections (folliculitis decalvans).

Conclusion: Accurate diagnosis based on microbiology and histopathology is a prerequisite to any rational therapy. Although clinicopathologic features allow for accurate diagnosis in many cases, diagnostic certainty is sometimes elusive and therapeutic limits reflect the boundaries of our present understanding. Especially management of the less well classified diseases and of end-stage disease (pseudopelade) remains problematic. Where end-stage fibrosis is established, surgical treatment and/or prosthetic help are taken into consideration. With the expanding knowledge of the immunology and molecular biology of the hair follicle, there is hope for the feasibility of therapeutic interventions that interfere early in the course of the pathogenic processes ultimately leading to the permanent loss of hair.