LETTER TO THE EDITOR
ПИСМО ДО РЕДАКТОРА

An 8-year-old girl with a sudden hair loss

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An 8-year-old girl presented to the dermatology department with a solitary, soft, alopetic lesion located on the parietal region of the scalp (Figure 1a, b). According to the parents, the lesion has been present for approximately one month.

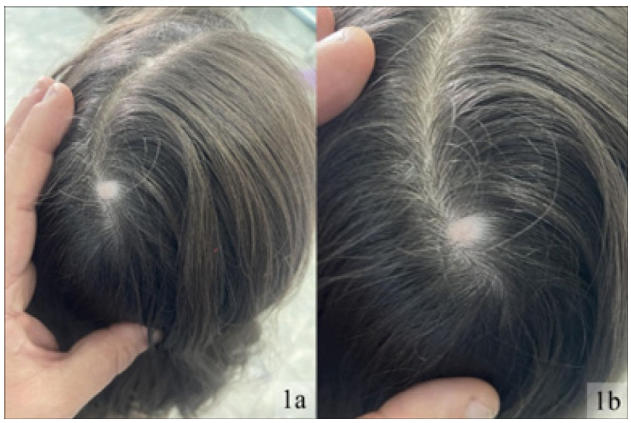

Fig. 1a, 1b: A solitary, soft, alopetic lesion on the parietal region of the scalp

Differential diagnoses included aplasia cutis congenita, epidermal cyst, atrophoderma, anetoderma, alopecia areata, and scar tissue.

Routine laboratory tests and a comprehensive hormonal panel were within normal limits. A microbiological smear showed no pathogenic findings. Color Doppler ultrasonography revealed fluid-filled cavities, interconnected burrowing tracts involving the hair follicles, intense vascularity, and hypoechoic areas in the subcutaneous tissue.

A punch biopsy revealed an intact epidermis and papillary dermis, moderate perivascular and periadnexal round cell inflammatory infiltrate in the deep dermis, and an overlying zone of necrosis prominent in the hypodermis (Figure 2a, b).

The authors declare no conflict of interest.
Ethics approval statement is not required.
Written informed consent for publication of their details was obtained from the patient.

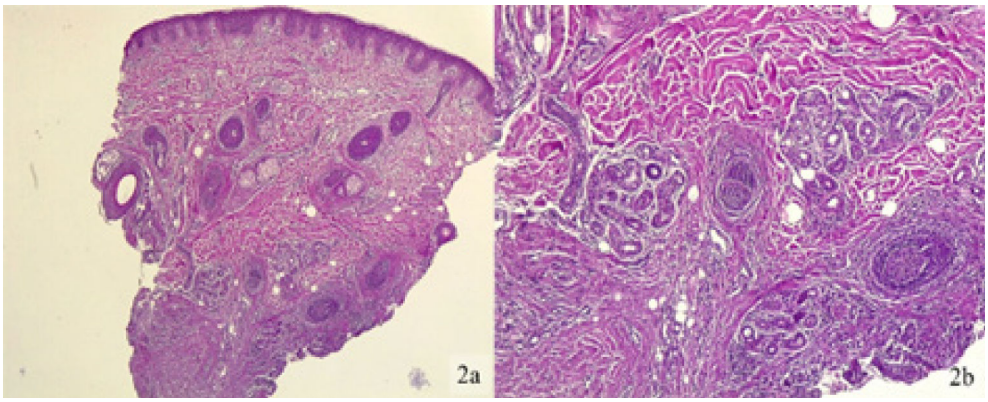

Fig. 2. An intact epidermis and papillary dermis, moderate perivascular and periadnexal round cell inflammatory infiltrate in the deep dermis, and an overlying zone of necrosis prominent in the hypodermis
a) FPS x 40 x HE; b) perifollicular round cell inflammation in the deep dermis x 100 x HE

Based on the histological and clinical picture, the diagnosis of folliculitis et perifolliculitis capitis abscedens et suffodiens was made. Given the patient's age and limited cooperation, intralesional glucocorticosteroid therapy was recommended.

Folliculitis et perifolliculitis capitis abscedens et suffodiens is a rare, chronic inflammatory scalp disease, presenting with follicular and perifollicular inflammatory nodules, abscesses formation, and scarring alopecia [1].

Several pathogenetic mechanisms have been proposed, including mechanical destruction and/or immunological dysfunction of the affected hair follicle – potentially triggered by bacterial stimulation or activation of the innate immune response [2, 3].

Notably, secondary squamous cell carcinoma arising in dissecting perifolliculitis capitis abscedens et suffodiens has been reported and should be considered during long-term clinical follow-up [4].

Management is often challenging, with frequent relapses [5]. Therapeutic options include: high-dose isotretinoin monotherapy, combination regimens, such as isotretinoin with glucocorticosteroids, antibiotics (metronidazole plus clindamycin, rifampicin monotherapy, azithromycin combined with amoxicillin-clavulanate and fluconazole), laser epilation, X-ray epilation, dermatosurgery, or intralesional injection of glucocorticosteroids [5-8].

Alternative therapy with the human anti-tumor necrosis factor monoclonal antibody adalimumab has also been reported to be successful in the treatment of perifolicullitis capitis abscendens et suffodiens [9].

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