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Reversibility of alopecia caused by chronic cutaneous lupus erythematosus

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Conflicts of interest: RS has served as a consultant or paid speaker for, or participated in clinical trials sponsored by, Leo Pharma, Amgen, Novartis, Merck & Co., Celgene, Coherus Biosciences, Janssen, Regeneron, MedImmune, GlaxoSmithKline, Cutanea, Samson Clinical, Boehringer Ingelheim, Pfizer, MSD, Oncobiologics, Roche, Eli Lilly and Bayer.

Dear Editor,

Chronic cutaneous lupus erythematosus (CCLE) is a common cause of cicatricial alopecia (CA) which represents almost 2% of presentations to specialist hair clinics¹. CA from CCLE is 7 times more common in women. CA is generally permanent and irreversible², although hair regrowth has been noted in some patients with CA secondary to CCLE³⁻⁵. We present 3 cases of CCLE where prompt treatment led to significant hair regrowth.

A 29-year-old female presented with a 2-month history of multiple circular patches of CA. She had a past history of Raynaud's syndrome. Dermoscopy revealed loss of follicular ostia, telangiectasia and significant post-inflammatory hyperpigmentation consistent with a cicatricial alopecia. Histology showed a CA with loss of terminal follicles, mid-dermal fibrosis, perifollicular, perivascular and interface lymphocytic infiltrate, necrotic keratinocytes, pigment incontinence and epidermal atrophy. Indirect immunofluorescence was positive for IgM in the basement membrane. Anti-nuclear antibody (ANA) and anti-double-stranded-DNA (dsDNA) were negative, however anti-PM/SCL was positive. The clinical and histological findings supported a diagnosis of discoid lupus erythematosus (DLE). Treatment was started with prednisolone 20mg daily and minoxidil 0.45mg daily. Hair regrowth was apparent at 2 weeks. Hydroxychloroquine 200mg twice daily was introduced and the patches of cicatricial alopecia were injected with triamcinolone acetonide 5mg/ml. On review at 6 weeks, there was marked hair regrowth in all patches (Fig. 1).

A 29-year-old male with no significant past medical history presented with a 2-month history of a solitary patch of CA with central atrophy and hyperpigmentation. Histology revealed a CA with prominent perifollicular lymphocytic inflammation and increased stromal mucin. There were twenty-four vellus follicles, but no terminal follicles were present. A weakly positive ANA (1/80) was present, with negative anti-dsDNA and extractable nuclear antigens (ENA). Clinical and histological features were consistent with DLE. He was treated with intralesional triamcinolone acetonide 5 mg/ml. Review at 4 weeks confirmed marked hair regrowth and reduced erythema. Hydroxychloroquine 200mg daily was commenced and the lesion was re-injected with triamcinolone 5mg/ml. Five months later he had near-complete remission (Fig. 1).

A 38-year-old female presented with a 3-year history of a solitary, 10 x 10cm, slowly enlarging, patch of CA. Past medical history included iron deficiency anaemia. Dermoscopy revealed areas of loss of follicular ostia and yellow dots. Histology showed a CA with associated basal vacuolar changes in the epidermis, thickening in the basement membrane, a marked increase in dermal mucin, a deep and superficial perivascular chronic inflammatory infiltrate with interface changes. Indirect immunofluorescence was non-specific with perivascular staining for fibrinogen, C3 and C1q. ANA and anti-dsDNA were negative, and anti-PM/SCL was low positive. Clinical and histological features were consistent with lupus profundus. She was treated with intralesional triamcinolone acetonide 5mg/ml. At week 6 weeks, hair regrowth was evident and the size of the alopecic patch had reduced to 7 x 6cm (Fig. 1).

CA associated with CCLE is generally considered irreversible. This case series highlights the potential reversibility of CA with prompt treatment.

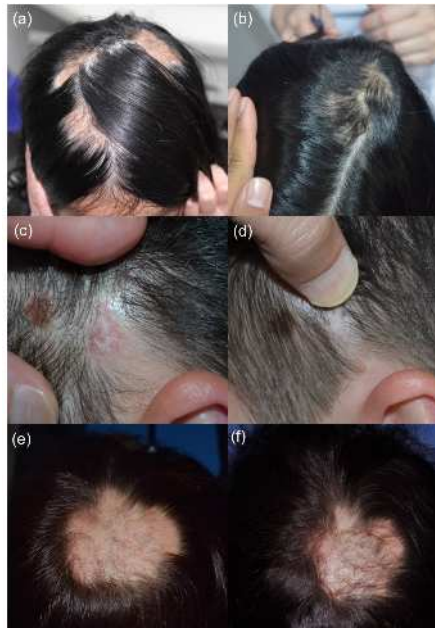
FIGURE LEGEND

Figure 1

(a) Case 1 baseline photograph; (b) Case 1 after 6 weeks of treatment; (c) Case 2 baseline photograph; (d) Case 2 after 5 months of treatment; (e) Case 3 baseline photograph; (f) Case 3 after 6 weeks of treatment

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