

FOLLICULITIS DECALVANS

WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to help you understand folliculitis decalvans. It explains what this condition is, what causes it and what treatments are available. It also tells you where you can find more information.

WHAT IS FOLLICULITIS DECALVANS?

Folliculitis decalvans is a rare long-term condition of the scalp causing inflammation and hair loss (also known as alopecia). Sometimes it can affect other hair-bearing skin such as the face, armpits, pubic area, arms and legs. The long-term inflammation usually leads to scarring. Early diagnosis and treatment may help limit scarring. Folliculitis decalvans are the Latin words for inflammation of the hair root associated with hair loss. It is estimated that between 1 in 10,000 to 1 in 25,000 people have folliculitis decalvans.

Folliculitis decalvans is **not** a type of skin cancer.

WHAT CAUSES FOLLICULITIS DECALVANS?

The exact cause of folliculitis decalvans is unknown. It may be due to an abnormal immune system response to *Staphylococcus aureus* (*Staph. aureus*), a type of bacteria which is naturally present on healthy skin and does not normally cause harm.

WHO IS AFFECTED BY FOLLICULITIS DECALVANS?

Folliculitis decalvans is a very rare condition. It can occur in both men and women, but men are more commonly affected. It usually affects adults rather than children. It does not normally affect members of the same family.

IS FOLLICULITIS DECALVANS CONTAGIOUS?

Folliculitis decalvans cannot be passed from person to person. However, the bacteria *Staph. aureus* is contagious and can be passed on.

WHAT ARE THE SYMPTOMS OF FOLLICULITIS DECALVANS?

- Affected areas of the scalp may feel itchy and painful
- Affected scalp skin may feel tight
- The affected scalp skin can bleed
- Affected areas may have yellow pus spots
- Affected areas may have oozing or scabs
- The skin may look shiny where there is hair loss. This is where the hair follicles (hair roots) have been lost and will not grow back.

The symptoms of folliculitis decalvans vary from person-to-person and sometimes

there is no discomfort.

Folliculitis decalvans is a long-term condition. It can heal, symptoms may return, or it may never fully heal.

WHAT DOES FOLLICULITIS DECALVANS LOOK LIKE?

The affected area of the scalp becomes red and swollen and may form scaly areas, scabs, and crusts. Pus-filled spots may develop. Any part of the scalp can be affected.

A characteristic feature is that multiple hairs ('tufts') grow from the same hair follicle on the skin. This is called 'tufting' and looks similar to dolls-hairs or bristles of a toothbrush. Bald patches may develop and increase in size. In areas of permanent scarring there can be hair loss.

HOW IS FOLLICULITIS DECALVANS DIAGNOSED?

A dermatologist often makes the diagnosis by looking at your skin. They may use a handheld magnifying device with a light (dermatoscope) to look more closely at the hair follicles. Current inflammation can appear as pain, itching, redness, crusting or yellowish discharge of the skin.

The affected skin could be caused by bacteria such as *Staph. aureus* or *P. acnes* (*Propionibacterium acnes*) or a fungal infection (ringworm). Because these look very similar the doctor or dermatologist may take a skin swab, scraping, pluck hairs, or perform a scalp biopsy to check whether the cause is bacterial or fungal.

If a small skin biopsy is needed an injection to numb the area of affected skin will be

given. A small piece of skin will be removed and sent to the laboratory for testing. One or two stitches may be needed, and a small scar will be left.

CAN FOLLICULITIS DECALVANS BE CURED?

There are many different treatments available to control the inflammation, but no cure has been found. Damaged hair follicles cannot regrow, so hair loss is permanent. Treatment aims to reduce inflammation, limit spread of hair loss and prevent further scarring. Symptoms may go away but can return and require treatment to begin again.

HOW CAN FOLLICULITIS DECALVANS BE TREATED?

Treatment is usually a combination of some of the following:

- Medicated shampoos
- Anti-inflammatory and antibacterial scalp solutions
- [Topical corticosteroids](#) (creams, lotions, ointments) are often used.
- Oral antibiotics, most commonly tetracyclines. Combinations of antibiotics, such as clindamycin and rifampicin, are sometimes used.

There is no specific treatment available for folliculitis decalvans. Because the condition is so rare, no clinical trials exist that prove the benefit of one particular treatment over another.

Other types of treatments that have been used by specialists include [steroid](#)



injections; oral steroids for severe outbreaks.

Oral tablets such as isotretinoin, acitretin, hydroxychloroquine, dapsone and ciclosporin can be used. Also immune-based medications (adalimumab, infliximab, tofacitinib and baricitinib) are available as well as a light treatment called photodynamic therapy. Sometimes combinations of these medications can be used.

Whilst not a specific treatment for folliculitis decalvans, cosmetic camouflage can help reduce the appearance of hair loss. These include:

- Wigs. The NHS can provide prescription vouchers for wigs and hair pieces, but a financial contribution from patients may be needed depending on the type of wig wanted.
- Hair-building fibres which are available to buy online.
- Scalp tattoos. These are not available on the NHS but can be done privately.
- Hair transplants. This treatment is not available on the NHS but can be done privately. Hair transplants are a surgical procedure that involves taking hair with its roots from unaffected parts of the scalp and inserting them into affected areas of the scalp. It is important that hair transplantation is not done until the condition has been inactive for many years without treatment. This is because of the risk of folliculitis decalvans recurring can damage the newly transplanted hair.

WHAT IS THE OUTLOOK FOR FOLLICULITIS DECALVANS?

Folliculitis decalvans may eventually heal itself and stop. Patients may experience outbreaks for many months or years until it stops. It is often a health problem that requires ongoing and repeated long-term treatment.

SELF-CARE (WHAT CAN I DO?)

- Using an antiseptic shampoo or wash such as Benzoyl peroxide wash, chlorhexidine wash, Octenisan wash or ketoconazole shampoo may prevent scalp infections caused by bacteria.
- Tar-containing shampoos can also reduce inflammation and may improve the condition.
- Avoid scratching or picking the scalp, as this may worsen inflammation.
- Monitor your scalp for worsening hair loss, pain, redness or pustules. Seek medical advice promptly if your symptoms are getting worse.
- Speak to your GP or specialist if folliculitis decalvans is affecting your mood, confidence or daily life.
- Consider joining a patient support group (listed below) for information, practical advice and emotional support.

WHERE CAN I GET MORE INFORMATION ABOUT FOLLICULITIS DECALVANS?

Patient support groups providing information:

Alopecia UK

Information and support groups



Tel: 0800 101 7025
Web: www alopecia.org.uk
E-mail: info@alopecia.org.uk

Scarring Alopecia Foundation
<https://scarringalopecia.org/>

Web links to other relevant sources:

DermNetNZ: dermnetnz.org/hair-nails-sweat/folliculitis-decalvans.html

Jargon Buster:
<https://www.skinhealthinfo.org.uk/support-resources/jargon-buster/>

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

BRITISH ASSOCIATION OF DERMATOLOGISTS

PATIENT INFORMATION LEAFLET

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