A 46-year-old woman presented with a 1-year history of gradual asymptomatic hair loss in the anterior hairline. Examination revealed perifollicular erythema and scaling along the frontal scalp, with scarring of follicular ostia and rare lone hairs (Figure).

Scalp biopsies revealed scarring with mild perifollicular lymphocytic inflammation. Direct immunofluorescence results were negative. Clinicopathologic correlation led to a diagnosis of lichen planopilaris, frontal fibrosing type. The patient was treated with topical clobetasol 0.05% solution, oral hydroxychloroquine 200 mg twice daily, and intralesional triamcinolone 10 mg/mL, with good response.

Lichen planopilaris, a form of scarring alopecia, tends to affect middle-aged women at an estimated incidence of 1% to 7%. Patients present with hair thinning, which may be accompanied by scalp itching or tenderness. Early actively inflamed lesions suggest perifollicular erythema and hyperkeratosis. If untreated, scarring and permanent destruction of hair follicles ensues. Frontal fibrosing alopecia (FFA), a variant of lichen planopilaris, affects the frontal scalp and eyebrows. In FFA, the presence of isolated terminal hairs in the frontal scalp can be a diagnostic clue. Differential diagnosis may include chronic cutaneous (discoid) lupus erythematosus and other forms of scarring alopecia. A thorough clinical examination and correlation with skin biopsy are required for diagnosis.

Early treatment is essential to prevent or slow permanent hair loss. Treatment options include topical corticosteroids, hydroxychloroquine, systemic immunosuppressants, and 5α-reductase inhibitors. Lichen planopilaris should be considered in the differential diagnosis of scarring hair loss, as should the FFA subtype, particularly in postmenopausal women with frontal scalp and eyebrow involvement.

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