Sir,

Dermatosis neglecta is a dirt-associated condition caused by the failure of washing.[1] The lesion is usually distributed on the trunk, neck, or shoulders,[2] showing a hyperpigmented, verrucous surface with adherent scales or crust. Herein, we introduce a case of dermatosis neglecta complicated with alopecia areata on the scalp.

A 30-year-old male presented with patches of hair loss with a dirt-adherent lesion on the frontal scalp for 4 months. He was diagnosed as alopecia areata for the initial two patches of hair loss and treated with topical 5% minoxidil, which was withdrawn after 3 days because of erythema and itching. He then strictly avoided washing the hair loss patches, which finally developed asymptomatic, yellowish-brown plaques with a verrucous surface and adherent crust and scales [Figure 1]. The center of the lesion was removed easily when rubbed with 70% alcohol during physical examination. Dermoscopy showed broken hairs, “black dots,” and exclamation-mark hairs, which indicated the diagnosis of alopecia areata, and cornflake-like scales were on the periphery. Fluorescence staining of adherent scales showed numerous spores, indicating the infection of Pityrosporum orbiculare. The final diagnosis was dermatosis neglecta complicated with alopecia areata. All the scales and crust were rubbed off, and he was encouraged to wash his hair with shampoo every day. After 2 weeks of oral itraconazole and two sessions of intralesional triamcinolone acetonide injection, the hair regrew completely without recurrence of dermatosis neglecta.

Dermatosis neglecta was firstly described in 1995 as an acquired, asymptomatic condition with a verrucous surface, which is caused by the failure of washing and accumulation of sebum, sweat, keratin, cellular debris, and other dirt from the environment on the skin.[1,3] Lesions may accompany P. orbiculare as a result of a suitable environment for overgrowth, rather than a cause of disease.[4] Soap water can easily remove the lesion and expose the normal skin. Orthokeratotic with Anastomosing rete ridges and minimal inflammation might be revealed in histopathology examination.[4,5]

The differential diagnoses include various dermatoses with verrucous surface and hyperpigmentation, such as terra firma forme dermatoses (TFFD), verrucous epidermal nevus, pediculosis corporis, acanthosis nigricans, and hyperkeratotic Malassezia dermatosis. History of washing failure and positive soap water rubbing test indicate the diagnosis of dermatosis neglecta. TFFD shows a similar verrucous lesion, but patients should maintain good hygiene and only 70% isopropyl alcohol can remove the lesion.

Dermatosis neglecta has been reported as a complication of operation, trauma, and mental disorder. To the best of our knowledge, no case associated with alopecia areata has been published in literature before. Psychological factors including anxiety and depression play a significant role in both alopecia areata and dermatosis neglecta. In this case, allergic dermatitis of minoxidil exploded the patient’s anxiety, made him avoid washing, and finally resulted in dermatosis neglecta.

Treatment for dermatosis neglecta is simple and inexpensive. Rubbing with soap water or alcohol can remove the lesion easily, but it is much more important to treat the primary diseases. Consulting with the patient and encouraging him/her to maintain personal hygiene would be helpful.

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Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Conflicts of interest

There are no conflicts of interest.

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