

Beard Lichen Planopilaris: Report of Two Cases

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Introduction

Lichen planopilaris (LPP) is a primary lymphocytic scarring alopecia that usually presents with patchy or diffuse permanent alopecia on the scalp, and rarely on the beard [1]. We herein present two cases of LPP exclusively affecting the beard.

Case Presentation

The first patient was 51 years old and had a family history of alopecia areata. He presented to our department with a 2-year history of three pruritic alopecic patches on the beard (Figure 1A).

Dermoscopic examination revealed significant peripilar hyperkeratosis and erythema with the presence of perifollicular tubular scaling (Figure 1B).

The second patient was 36 years old and had a history of psychiatric disorders. He presented to our department with a 3-year history of a non-pruritic alopecic patch on the beard. Dermoscopy showed milder peripilar hyperkeratosis and erythema.

Both patients did not present any alopecic patches on the scalp nor any other cutaneous, mucosal, or nail involvement.

Given these clinical presentations, we considered LPP, trichotillomania, alopecia areata, and tinea barbae for diagnosis.

Skin biopsies in both patients were done and revealed inflammatory infiltrate and significant fibrosis, consistent with cicatricial LPP (Figure 1C).

Both patients were treated with topical corticosteroids in combination with 5% topical minoxidil.

Discussion

The social and individual importance of male facial hair can be compromised by alopecia. The causes are multiple [2] and are represented in Table 1.

Lichen planus can affect the beard in various contexts. A series of 20 male patients with frontal fibrosing alopecia (FFA), which is considered a type of LPP, was reported in 2021. All patients had beard involvement, with dermoscopic findings similar to what we observed, including peripilar erythema and scaling, with the absence of follicular openings

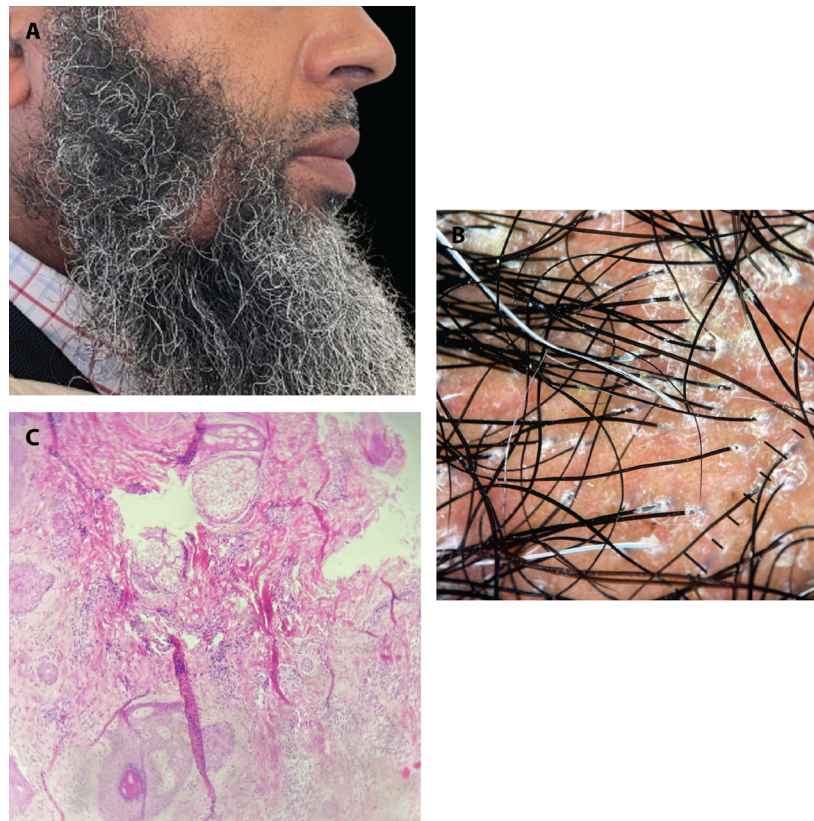


Figure 1. First patient: (A) One of the alopecic patches on the beard. (B) Peripilar hyperkeratosis and erythema with the presence of perifollicular tubular scaling. (C) Inflammatory infiltrate and significant fibrosis, consistent with cicatricial lichen planopilaris. Hematoxylin-eosin stain; original magnification: $\times 20$.

Table 1. Beard alopecia etiologies [2].

Causes		Dermoscopy
Autoimmune causes	Alopecia areata	Black dots, yellow dots, tulip hairs, bent hairs, peripilar sign, i-hair, perifollicular hemorrhage
Inflammatory causes	Lichen planopilaris Frontal fibrosing alopecia	Perifollicular scaling, “collar-like” structures, whitish “empty” areas lacking hair shafts, and follicular openings
	Folliculitis decalvans	Perifollicular erythema and scale, follicular hyperkeratosis, pustules, tufted hairs, and white dots.
Traumatic causes	Trichotillomania	Perifollicular hemorrhages
	Traction alopecia	Lack of follicular openings, black dots, and broken hairs at various lengths
Infectious causes	Herpetic folliculitis	No characteristic findings
	Tinea barbae	Corkscrew hairs, comma hairs, zigzag hairs, bent hairs, broken hairs, black dots, and morse code-like hairs, perifollicular scaling
	Secondary syphilis	Very few, small terminal hairs
Iatrogenic causes	Chemotherapy	Black dots, broken hairs, exclamation mark hairs, flame hairs, follicle miniaturization, and pohl pinkus, yellow dots, vellus-like hairs, pigtail hairs
	Antiretrovirals Anti-Parkinsonian medications Deoxycholic acid injections Botulinum toxin injection Ocrelizumab	No trichoscopic findings noted
Tumoral causes	Mycosis fungoides Sézary syndrome	Decreased follicular openings, milky-white globules, yellow dots, black dots/broken hair, structureless patches, perifollicular white or hyperpigmented halos, short fine vessels, perifollicular scaling

as well as white, black, and yellow dots and fine linear vessels [3].

In 2022, a multicenter study conducted in the United States involving 270 male patients reported beard alopecia in eight patients with FFA and five patients with LPP, without specifying whether these five patients had other sites involvement [1].

And lastly, in 2023, a case of lichen planus pigmentosus on the beard was reported in a 29-year-old patient after using a cosmetic oil for hair growth, although without alopecia [4].

Both of our patients denied using a cosmetic product before the development of alopecic patches, and they did not present any sign of FFA.

For treatment, corticosteroids are the primary therapeutic option [5]. Depending on the case, they are used as topical treatment (clobetasol propionate 0.05%), intralesional corticosteroids (monthly injections), or systemic corticosteroids in more severe cases to stop the flare-up and prevent recurrences. Corticosteroids can be combined with minoxidil or platelet-rich plasma.

If the therapeutic response is not satisfactory, other medical options, including tacrolimus, hydroxychloroquine, cyclosporine, or methotrexate, can be considered.

Unfortunately, scarring alopecia caused by LPP is irreversible, and modern techniques of hair transplantation can help in stable cases for at least one year [5].

Conclusion

The etiologies of beard alopecia are multiple, and the negative psychosocial impact of these conditions on men should prompt early and accurate diagnosis and treatment.

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