



THE AUSTRALASIAN COLLEGE
OF DERMATOLOGISTS

Dissecting Cellulitis of the Scalp

What is Dissecting Cellulitis of the Scalp?

Dissecting cellulitis of the scalp is a rare condition in which pus-filled lumps develop on the scalp, resulting in scarring and permanent hair loss over the area affected.

What causes it?

The cause is unknown, although it is most likely due to blocked and ruptured hair follicles, resulting in significant inflammation and secondary bacterial infection.

What does it look like?

The appearance of dissecting cellulitis of the scalp is that of pus-filled lumps and nodules on the scalp with overlying scarring and hair loss.



Habif's Clinical Dermatology – A Color Guide to Diagnosis and Therapy SEVENTH EDITION, James G.H. Dinulos, MD



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What other problems can occur with the condition?

Other conditions related to hair follicle blockage, rupture and inflammation can occur with dissecting cellulitis of the scalp. They are known as the “follicular occlusion tetrad” and include acne conglobata (a severe form of acne), hidradenitis suppurativa (boils and cysts in the body folds) and pilonidal sinus (an infected cyst at the base of the spine). In addition, inflammation of the joints (arthritis) and bones can rarely occur in association with these conditions.

How is it diagnosed?

The condition can usually be diagnosed by clinical appearance by a dermatologist examining the scalp.

Swabs of pus and plucked hairs can be analysed to rule out infections.

A scalp biopsy may be required in some cases.

How is it treated?

This can be a chronic and persistent condition which responds slowly to treatment.

- **General measures**

Avoid picking and squeezing the lumps as this can worsen the problem.

Seek treatment early as this can avoid widespread permanent scarring hair loss.

Avoid oil-based hair products and use an antiseptic shampoo regularly.

- **Topical treatment**

Antiseptic washes (eg chlorhexidine) and shampoos can be useful as well as topical antibiotics such as clindamycin lotion.

- **Oral medications**

Long-term courses of oral antibiotics are often used to treat this condition. They are used to reduce inflammation and include medications such as doxycycline, erythromycin or clindamycin. A combination of clindamycin and rifampicin is also commonly used.

Dapsone is a medication which can be used for this condition as well. It requires some blood monitoring but is usually well tolerated.

Steroid tablets (eg prednisolone) can be used for short term management of significant inflammation of the scalp. Steroids can also be injected into localised sites of disease activity.

Retinoid tablets (eg isotretinoin) which are most commonly prescribed for severe acne may be used to treat dissecting cellulitis of the scalp as well.

A combination of treatments may be needed to treat the condition aggressively in order to avoid long term scarring hair loss.

- **Surgery**

Large cysts and abscesses can be incised and drained or excised. Skin grafting may be required in some cases.

Wigs and hairpieces are available and can be subsidised for medical causes of hair loss.

What is the likely outcome of the condition?

This is a chronic condition which can have a relapsing course. The condition can resolve spontaneously but this can take months or years and result in significant scarring and permanent hair loss.

This information has been written by Dr Emma Haverhoek