THE AUSTRALASIAN COLLEGE
OF DERMATOLOGISTS

Lichen Planopilaris

Also known as ... Follicular Lichen Planus

What is Lichen Planopilaris?
Lichen Planopilaris (LPP) is a rare inflammatory scalp disorder characterised by scarring Alopecia (permanent hair loss) with several different patterns. The condition is considered to be a form of Lichen Planus which affects the hair follicles.

What causes it?
Although the physiopathology is unclear, it is generally accepted that Lichen Planopilaris has an autoimmune cause (Lymphocyte-predominant Inflammatory Infiltrate) with follicular destruction and permanent hair loss.

What does it look like?
LPP is characterised by redness and inflammation of the hair follicles (Perifollicular Erythema), scaling (Follicular Hyperkeratosis) and permanent hair loss. Individuals may not have any symptoms or they may experience scalp itching and burning.

There are three types of Lichen Planopilaris:

- Classic LPP
- Frontal fibrosing alopecia of Kossard (FFA)
- Graham-Little-Piccardi-Lasseur syndrome (Graham-Little syndrome, GLPLS)

The three types are distinguished mainly by the pattern of involvement. Patchy scalp involvement is a common presentation of classic LLP. Band-like alopecia involving the frontal scalp and eyebrows is typical of FFA. GLPLS is characterised by three distinctive features - scarring alopecia on the scalp, non-scarring alopecia in the armpit and groin and widespread scaly or keratotic lichenoid follicular papules.

How is it diagnosed?
The diagnosis of LPP is based upon the clinical examination and biopsy results. Proper selection of the biopsy site is crucial.

Additionally, careful examination of the mouth, nails and skin may reveal evidence of lichen planus elsewhere.

How is it treated?
Managing the condition is often quite challenging as relapse after treatment is common. The goal of treatment is to improve symptoms and stop the disease progressing. Treatment is unlikely to induce hair regrowth in areas of existing hair loss (alopecia).

Localised treatment includes:

- Potent topical corticosteroids and/or intralesional corticosteroids
- Topical tacrolimus

Generalised treatment (systemic) options include:

- Systemic corticosteroids
- Hydroxychloroquine
- Immunosuppressive medications such as cyclosporine or mycophenolate mofetil
- Additional treatments that have been reported include oral retinoids, pioglitazones, tetracyclines, griseofulvin, minoxidil and the 308 nm excimer laser

Hair transplantation may also be an option if the disease has been in clinical remission for at least 2 years. However, LLP recurrence following transplant has been described.

Camouflaging hair loss with careful hair styling or the use of hair pieces, wigs, hair powder, hair color and eyebrow tattooing may also be considered.

What is the likely outcome of LPP?

The likely outcome of LPP is unpredictable. The condition may stabilise or continue to slowly progress over time. Relapse following remission is possible.

This information has been written by Dr Davin Lim and Dr Heba Jibreal