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LICHEN PLANOPILARIS (LPP)

FREQUENTLY ASKED QUESTIONS ABOUT

- What is lichen planopilaris?

Lichen planopilaris is a scalp disorder selectively involving the hair follicles with an inflammatory process that can destroy the follicle. Usually it presents with areas of hair loss with crusted bumps that may progress to scarring alopecia.

- Who does LLP affect?

It can occur in both sex, but women are affected more than men (1.8:1). Caucasian and East Indian females are more affected. The typical age of onset is between 40 and 60 years.

- What are the signs and symptoms of LPP?

Typical lesions present with perifollicular redness, scaling and groups of crusted bumps, mostly involving the frontal-central scalp and crown. Whitish atrophic or scarring patches with loss of follicular orifices can be seen. Lesions may be single or multiple, focal or extensive, insidious or fulminate. Commonly symptoms are increased hair shedding, itching, burning and tenderness.

- What causes LPP?

LPP is a disease of unknown etiology, but the most widely accepted theory states that it is an autoimmune disorder that causes inflammation at the upper part of the hair follicle where the stem cells and oil glands are located and gradually destroys them.

- How is LPP diagnosed?

The diagnosis of LPP is suggested by the clinical findings and symptoms. Careful examination by experienced dermatologist is recommended. A scalp biopsy will confirm the diagnosis and help to distinguish from other primary scarring alopecias such as discoid lupus erythematosus. A hair "pull test" is performed to identify the activity of the disease. In addition cultures may be performed to exclude infection.

- What are the goals of treatment?

The goal of treatment is to control the inflammatory process that is attacking the hair follicle and stop its to spread, and to reduce scalp discomfort and symptoms.

- How is LPP treated?

First-line treatments include anti-inflammatory medications. Topical high potency corticosteroids and intralesional corticosteroids are commonly used. Topical tacrolimus or pimecrolimus may also be helpful. Oral medications may include hydroxychloroquine, tetracycline, doxycycline, or pioglitazone. Combination of topical and systemic therapy is often prescribed. Individualized treatments are recommended.