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Graham-little-piccardi-lassueur syndrome: Report of a chinese case with hair casts

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Full Text

Sir,

Lichen planopilaris (LPP) is considered as a follicular variant of lichen planus. The main clinical manifestations of LPP include classic form, frontal fibrosing alopecia, and Graham-Little-Piccardi-Lassueur syndrome (GLPLS). GLPLS is a relatively rare lichenoid dermatosis composed of progressive cicatricial alopecia of the scalp, the noncicatricial loss of pubic and axillary hair, and follicular keratosis lesions of the body. Hereby, we report a case of middle-aged Chinese patient presenting as a GLPLS with massive hair casts.

A 35-year-old female complained of multiple patchy hair loss with itching on her scalp and dandruff-like things on her scalp hair for 2 years. She suffered tremendous mental pressure since her daughter was diagnosed leukemia a few months before, and her hair loss aggravated the past 2 months. No family history of hair loss was noted. Physical examinations revealed multiple patchy, 5–10 mm in diameter, scarring alopecia areas on her scalp. Dandruff-like hair casts and perifollicular erythema were noted throughout the head [Figure 1]a. Follicular keratotic papules and hair loss were found on the upper arms and the trunk, respectively. Light microscopy examination for head lice was negative. Dermoscopy of the scalp showed perifollicular erythema, tubular perifollicular scales, fibrotic white dots, and hair casts distributed along the hair shafts [Figure 1]b and [Figure 1]c, while the lesions on the trunk revealed “target” pattern of blue-gray dots and diminished follicular ostia [Figure 1]d. Histopathology of the vertex scalp revealed perifollicular mucinous fibrosis of the upper portion of the hair follicles [Figure 1]e. Routine blood test and urinalysis and antinuclear antibody were normal. The final diagnosis was GLPLS. Her itching, hair loss, and erythema of the scalp got relieved after 2-month treatment with systemic corticosteroids and isotretinoin;[1] however, the hair loss slowly progressed again after discontinuation of therapy.{Figure 1}

GLPLS, a subtype of LPP, predominantly affects middle-aged females, particularly of the postmenopausal age group.[2] Since the first description of GLPLS in 1913,[3] similar reports are followed in recent years, mainly involving Caucasians in Europe and America. To the best of our knowledge, this is the first case report of GLPLS in Chinese population.

Hair casts (peripilar keratin casts) are firm, white, freely movable tubular masses that completely encircle the hair shaft, which could be a feature for active LPP and visualized best on dry trichoscopy.[4] Differential diagnoses for tons of white hair casts on the scalp include pili annulati, pediculosis capitis, pityriasis capitis (dandruff), tinea capitis, and trichorrhexis nodosa. In pili annulati, alternating light-dark bands could be seen in the hair shafts on trichoscopy, and the white bands are nearly the width of a hair and their borders are not clear-cut. In pediculosis capitis, the nits fixed to the side of the hair shaft but not warp it.

Our case is characterized by typical LPP with plenty of hair casts; the extensive noncicatricial hair loss of the trunk, even the axillary and pubic hair, was spared, which was rare in GLPLS. Symptoms pertaining to the triad of findings in GLPLS need not be present simultaneously;[5] thus, the incidence of the syndrome might be underestimated by clinicians.

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.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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