

Answers to Dermato-venereological Quiz on page 200-201

1. The clinical diagnosis is folliculitis decalvans (FD). The differential diagnoses include tinea capitis, bacterial folliculitis/carbuncle, dissecting cellulitis of the scalp, scalp psoriasis, discoid lupus erythematosus and acne keloidalis nuchae.
2. On Wood's lamp examination, there was no abnormal fluorescence to indicate *Microsporum canis* infection. The plucked hairs for potassium hydroxide wet mount microscopy and fungal culture were negative. Wound swab from pustules cultured pure growth of *Staphylococcus aureus*. The viral culture was negative. A scalp biopsy was performed for histopathology.
3. A fully established lesion of FD shows typically a dense neutrophilic infiltration localised at the infundibulo-isthmic region of the terminal hair follicles (Figures 3 & 4). Presence of plasma cells usually indicates disease chronicity. Other plasma cell-predominant dermatologic conditions affecting the scalp region (e.g. syphilitic alopecia) need to be excluded. The blood tests for syphilis and HIV serology were negative.
4. Treatment aims to control disease progression, reduce scarring and permanent alopecia. First line therapy includes doxycycline, rifampicin plus clindamycin, or azithromycin. The initial treatment period ranges from at least 4 to 10 weeks. In resistant cases, oral isotretinoin, dapsone, intralesional or systemic steroid may be considered. Long term follow-up is expected as the disease may relapse after stopping treatment.