

DISSECTING CELLULITIS OF THE SCALP

What are the aims of this leaflet?

This leaflet has been written to help you understand more about dissecting cellulitis of the scalp; what it is, what it is caused by, how we treat it, and where you can find out more about it.

What is dissecting cellulitis of the scalp?

Dissecting cellulitis of the scalp is a very rare condition of the scalp. Pus filled spots and lumps develop with subsequent hair loss over the area, which is normally permanent due to the development of scar tissue which destroys the hair follicles. It is occasionally referred to as *perifolliculitis capitis abscedens et suffodiens*. It commonly affects black, adult, men but can affect any one of any age.

What causes dissecting cellulitis of the scalp?

The cause is unknown and not primarily due to infection. Theories are centred, however, on blocking or plugging of the hair follicles by skin protein (keratin) leading to inflammation and secondary infection.

Is dissecting cellulitis of the scalp hereditary?

It is not believed to be hereditary as most cases occur sporadically but the trigger is yet unknown.

What are the symptoms of dissecting cellulitis of the scalp?

Symptoms include painful spots and lumps that may drain pus. Hair loss is also a common complaint. Spots and abscesses may also occur on the face (acne), armpits, chest, groin and buttocks (hidradenitis suppurativa).

What does dissecting cellulitis of the scalp look like?

The rash looks like spots or lumps that drain pus with overlying areas of hair loss and resulting scarring.

How is dissecting cellulitis of the scalp diagnosed?

The diagnosis is normally made clinically by a specialist examining the scalp. A scalp biopsy may be required where two pieces of skin are removed from the scalp under local anaesthetic leaving two small scars behind. Swabs and hair plucking may also be taken to look for infections.

Can dissecting cellulitis of the scalp be cured?

There is no cure for the disease but there are many methods that can be attempted to control the disease and limit the symptoms and scarring. It is important to realise, however, that scarred areas of scalp will never grow back hair so the hair loss is permanent. The disease does tend to burn out but this may take many years.

How can dissecting cellulitis of the scalp be treated?

There are several ways your doctor may try to manage the condition:

- Treatments applied directly to the scalp (topical treatments)
- Oral tablets (tablets taken by mouth)
- Other treatments
- Surgery.

Topical treatments

These are usually first choice and part of the long term management of the condition. They should be applied directly to the affected areas. They generally work by decreasing the bacterial burden on the skin and preventing infection and include things such as topical antiseptics such as chlorhexidine and iodine and topical antibiotics such as clindamycin. Topical antiseptics should be used indefinitely as bacteria will rapidly regrow if their numbers are not kept at bay.

Oral tablets

There are several options of tablets. The safest for long term use are prolonged courses of antibiotics, often taken for many months at a time. They are used primarily for their ability to fight inflammation (redness and swelling)



and drugs used include erythromycin, clarithromycin, lymecycline, doxycycline, minocycline and oxytetracycline. Combinations of antibiotics are also sometimes employed. An example of a combination therapy is clindamycin, and rifampicin.

Steroid tablets are another commonly used option. They again work by decreasing the inflammation in the scalp. Prednisolone is the usual choice of tablet. It is an effective drug but has side-effects including weight gain and increasing the risk of diabetes or high blood pressure (hypertension). Alongside steroid tablets your doctor may put you on additional tablets to protect your bones from thinning and prevent you developing gastritis.

Dapsone is another longterm antibiotic which can be helpful in treating this condition but requires for you to have a baseline blood test (G6PD) and then occasional drug monitoring blood tests to check that the dapsone is not affecting your red cell numbers and making you anaemic. It is generally very well tolerated but is slower to work than steroids but safer in the longer term.

Retinoids such as isotretinoic acid, are another commonly used class of drugs used for between 4 – 12 months. They are also prescribed for patients suffering from acne. They are powerful drugs and require monitoring blood tests to check your lipids (fats in your blood such as cholesterol) and liver function, but most patients tolerate the tablet very well. Women must not become pregnant whilst on the medication and must have regular pregnancy tests.

Other treatments

Injections of steroids are sometimes given to areas of the scalp that are affected. This reduces the side-effects and complications compared to taking steroid tablets but can be a painful procedure.

As the process occurs around hair follicles occasionally laser hair removal has been attempted to control the disease. This treatment will, however, result in permanent loss of the hair.

Wigs are another option available to you. Even if the disease has been controlled you may be left with scarring on your scalp and over these areas the hair will not grow back. The NHS can help patients purchase wigs but you



will need to get a prescription from your dermatologist. You may still have to pay part of the cost but the NHS will subsidise the rest.

There are new “biologic” agents that have been used for dissecting cellulitis, however it is still a very new treatment and long term effects have not yet been quantified and therefore they are usually only used if all of the above have failed.

Surgery

Surgery can be used to incise (cut open) large abscesses (boils or collections of pus) or excise (cut out) persistent areas of inflammation. This will leave you with a scar and remove part of the scalp affected. Sometimes grafts are used to cover the defect if a large area of scalp is removed.

Self care (What can I do?)

- Try not to pick and squeeze the spots as this will only aggravate them more.
- Keep the scalp as clean as possible using regular antiseptic washes.
- Get treatment quickly to try and prevent too much scarring on your scalp.
- Be prepared that none of the treatments work instantly and you may expect to see results after a couple of months rather than days or weeks.

There is no evidence that food or diet affects this condition. However not being overweight is generally considered to improve the course of the disease (and reduce complications of the oral tablets) and therefore having a healthy diet and a normal weight are recommended.

Where can I get more information about dissecting cellulitis of the scalp?

Web links to detailed leaflets:

www.dermnetnz.org



Links to patient support groups:

Information about entitlement to free wigs is given in [NHS leaflet HC11](#).

Alopecia Awareness

Tel: (0783) 4958578 / (01726) 814371

Web: www alopecia-awareness.org.uk

E-mail: webmaster@alopecia-awareness.org.uk

Alopecia Help & Advice (Scotland)

Web: www alopeciascotland.co.uk

Alopecia UK

Tel: (020) 8333 1661

Web: www alopeciaonline.org.uk

E-mail: info@alopeciaonline.org.uk

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: its contents, however, may occasionally differ from the advice given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

**BRITISH ASSOCIATION OF DERMATOLOGISTS
PATIENT INFORMATION LEAFLET
PRODUCED <MONTH YEAR>**