

Follicular Psoriasis - A Forgotten Entity?

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Abstract: Follicular psoriasis is a common yet under reported entity. Major dermatology textbooks fail to emphasise and even neglect this important diagnosis and since its original description in 1920 there have been only three reports in the published literature. As a result the diagnosis is seldom entertained by dermatology trainees in the differential diagnosis of a folliculocentric skin disease. We present a case of follicular psoriasis which was initially mis-diagnosed as lichen planopilaris and summarise the key features of this neglected entity. Our aim is to highlight awareness of this disorder and we also propose that the follicular variant be included as a psoriasis subtype in standard dermatology textbooks.

Keywords: Psoriasis, follicular.

INTRODUCTION

Psoriasis is a chronic autoimmune T-cell mediated hyperproliferative skin disorder. There are several clinical phenotypes. The common variant, psoriasis vulgaris, is characterised by erythematous, scaly plaques typically on the extensor surfaces, though any cutaneous site can be affected. Follicular psoriasis, though common is a neglected entity in the dermatological literature and surprisingly major dermatology reference textbooks do not emphasise or fail to mention this subtype. There is a paucity of literature on this subject and we found only three reports in the English literature since its original description by McLeod in 1920 [1-4]. As a result, the diagnosis is seldom entertained, especially by new dermatology trainees, in the differential diagnosis of a folliculocentric skin disease. We present a patient with follicular psoriasis that was initially mis-diagnosed clinically as lichen planopilaris.

An 18-year old Asian male had a six year past history of stable plaque-type psoriasis with involvement of his scalp, limbs, trunk and nails. He presented with a recent onset of a symmetrical, follicular, asymptomatic eruption, involving his thighs, calves (Figs. 1, 2) and arms that was diagnosed clinically as lichen planopilaris. His bacterial throat swab was negative and his anti-streptolysin O titre was in the normal range. A skin biopsy demonstrated a dilated central hair follicle, marked parakeratotic plugging, discrete areas of loss of the granular layer in the ostial-infundibular epidermis with a neutrophilic infiltrate in keeping with follicular psoriasis (Fig. 3). He was treated with narrowband ultraviolet-B therapy which resulted in complete resolution in eight weeks.

Follicular psoriasis is under diagnosed in clinical practice possibly due to a lack of awareness. The exact incidence is unknown however 15 cases have been reported in the literature affecting both sexes and although two thirds of these occurred in adults, cases have been described in



Fig. (1). Predominant follicular papules and a few plaques of psoriasis on the lower limbs.

children under the age of 10 years [3]. Many lesions appear to follow a chronic course ranging from 6-23 months [4], however in our case lesions responded rapidly to treatment without recurrence. Two clinical subtypes have been described in the literature [3]. The adult form is more

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Fig. (2). Close up of the right lower limb showing typical scaly, erythematous, follicular papules.

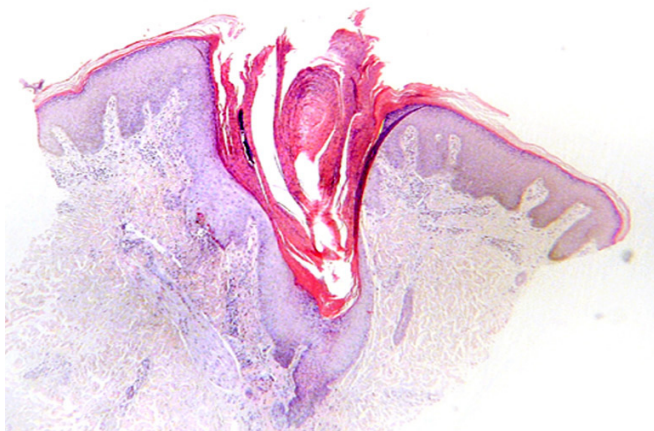


Fig. (3). Histology of a follicular lesion taken from the right thigh demonstrating a central dilated follicular infundibulum with marked parakeratotic plugging, discrete areas of hypogranulosis and an associated mild inflammatory cell infiltrate. (Haematoxylin and eosin; original magnification x4).

common in females, it presents bilaterally with discrete hyperkeratotic papules and commonly involves the thighs [3]. A rare childhood form presents either as grouped, asymmetrical, horny, follicular lesions affecting the trunk, axillae and bony prominences or as a widespread eruption resembling pityriasis rubra pilaris [3, 4]. There is a predisposition in dark-skinned patients and in those with pre-existing plaque-type psoriasis [4], though follicular lesions may present without psoriasis vulgaris elsewhere. Histological features vary with the duration of the lesion. Established lesions show follicular plugging, dilation of the infundibulum and marked ostial parakeratosis with a neutrophilic infiltrate and loss of the granular layer [3, 4]. While follicular plugging may also be a feature of pityriasis rubra pilaris, this latter entity also demonstrates parakeratosis alternating in the vertical and horizontal directions, hypergranulosis (confluent or focal), acanthosis with broadened rete ridges and thickened suprapapillary plate. In addition, the presence of neutrophils in the stratum corneum is not a feature of this disease.

When encountering follicular type lesions an index of suspicion and a careful general skin examination is required as the differential diagnosis includes lichen planopilaris, pityriasis rubra pilaris, follicular eczema and lichen spinulosus. Furthermore secondary folliculitis from tar and occlusive ointments used to treat psoriasis must be differentiated from *de novo* follicular psoriasis. We hope to highlight awareness of this entity since therapy is often rewarding. We also propose that the follicular variant of psoriasis must be listed as a psoriasis subtype in standard dermatology textbooks.

REFERENCES

- [1] McLeod JMH. Diseases of the skin. London: H.K. Lewis & Co. Ltd. 1920: 817.
- [2] Michelson HE. The unusual in psoriasis. *Arch Dermatol* 1958; 78: 9.
- [3] Stankler L, Ewen SWB. Follicular psoriasis. *Br J Dermatol* 1981; 104: 153-6.
- [4] Ploysangam T, Mutasim DF. Follicular psoriasis: an under-reported entity. A report of five cases. *Br J Dermatol* 1997; 137: 988-91.