

Dissecting Cellulitis

What is dissecting cellulitis?

Dissecting cellulitis is a type of scarring hair loss that presents with pustules, boggy swellings, and sinuses within the scalp.

What causes dissecting cellulitis?

The cause of dissecting cellulitis is not known. It is associated with severe cystic acne known as acne conglobata, and hidradenitis suppurativa, which causes cystic swellings in the armpits and groin. In all of these conditions the hair follicle becomes blocked, dilates and ruptures. This causes an inflammatory response in the skin, which leads to pus formation, swellings and sinus formation. It is not uncommon for bacteria to be isolated from the skin but this is likely to be secondary to the inflammatory process.

Is dissecting cellulitis inherited?

Dissecting cellulitis is most commonly seen in Afro-Caribbean men but the racial predilection is more likely to be due to the shape and structural differences of Afro-Caribbean hair than a genetic predisposition to the condition. Hair care practices, such as clipping, may also play a role. It is not thought to be an inherited condition.

What are the symptoms?

Patients with dissecting cellulitis often complain of pain, tenderness and fluid discharge from the affected area. It is associated with hair loss.

What does dissecting cellulitis look like?

Dissecting Cellulitis is characterised by a localised area of hair loss, pustules, boggy swellings and sinus formation. Gentle pressure on the boggy areas may lead to expression of pus or serous fluid. The swellings on the scalp lead to an undulating appearance with patchy hair loss.

Can it be cured?

When hair follicles have been destroyed they cannot re-grow. The hair loss is therefore irreversible. The condition is often persistent. There are treatments aimed at both stopping further destruction of the hair follicles and decreasing pain and pustule formation.

How can dissecting cellulitis be treated?

Dissecting cellulitis is a difficult condition to treat but it can be controlled with topical treatments and tablets. The evidence for any of the treatments in this condition is poor.

Isotretinoin

This derivative of Vitamin A is used commonly for severe acne. It can be useful in this condition but requires consultant supervision. This drug can control this condition but it frequently relapses on stopping.

Anti-microbials

Anti-septic washes, combined with topical anti-bacterial treatments can be beneficial. Oral antibiotics are required in addition to this in most patients. Commonly used drugs include tetracycline based antibiotics (as used in acne) and combinations of antibiotics, such as rifampicin and clindamycin.

Topical Steroids

In addition to anti-microbials, topical steroids in the form of lotions, gels or mousses can help control the condition.

Systemic Steroids

Prednisolone can be helpful in calming this condition when it is very inflamed. Unfortunately long term steroid use is associated with a number of side effects, which limits its role in this condition.

Dapsone

This anti-lepromatous drug is useful for a number of dermatological conditions, including dissecting cellulitis. It can cause the blood count to drop but otherwise it is well tolerated.

Anti-TNF α

Tumour Necrosis Factor α is associated with a number of inflammatory conditions including hidradenitis suppurativa and dissecting cellulitis. Drugs that block or inhibit TNF α have been shown to be very useful in hidradenitis and a few reports suggest they may be beneficial in dissecting cellulitis. More studies are needed.

Where can I get more information?

<http://www.dermnetnz.org/acne/scalp-folliculitis.html#perifoll>

<http://emedicine.medscape.com/article/1072603-overview>

<http://www.carfintl.org/>

