

# Trichoscopy of the beard: Aid tool for diagnosis of frontal fibrosing alopecia in men



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**Key words:** beard; dermoscopy; frontal fibrosing alopecia; males; trichoscopy.

*Abbreviation used:*

FFA: frontal fibrosing alopecia

## CLINICAL PRESENTATION

We describe a case of frontal fibrosing alopecia (FFA) in a man. Beard trichoscopy can help us make the differential diagnosis with androgenetic alopecia in difficult cases.

A healthy 58-year-old man presented to our dermatology service with a 5-year history of diffuse progressive alopecia involving frontotemporal and parietal areas. Clinical evaluation exposed alopecic patches of the beard (Fig 1).



**Fig 1.** Clinical image of the man who presented with an initial form of frontal fibrosing alopecia with beard involvement.

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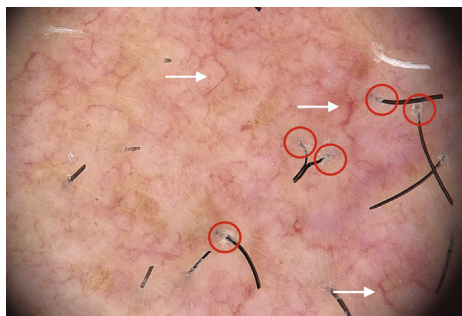
<https://doi.org/10.1016/j.jidcr.2021.07.005>

### DERMOSCOPIC APPEARANCE

Trichoscopic examination of frontal hairline showed the loss of vellus hairs, lonely hairs, miniaturization, and mild perifollicular scale and erythema (Fig 2). Moreover, trichoscopy of the beard revealed the loss of follicular openings, perifollicular erythema and scaling, pinpoint white and yellow dots, as well as milky reddish areas, honeycomb pattern, and vessels (arborizing and linear), which oriented us to the diagnosis (Fig 3).



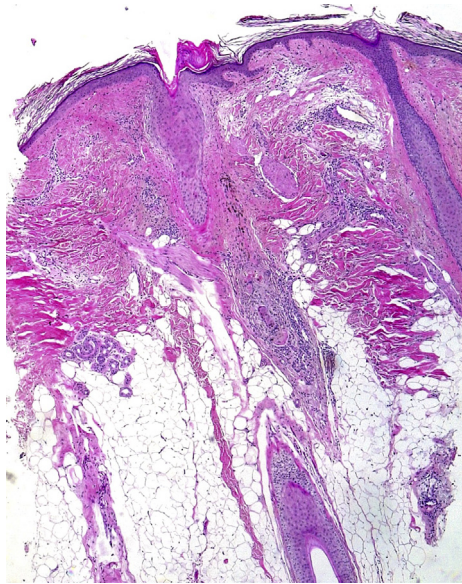
**Fig 2.** Trichoscopic image of the frontal hairline showed the loss of vellus hairs, lonely hairs, and mild perifollicular erythema and scale.



**Fig 3.** Trichoscopic image of the beard of the man with frontal fibrosing alopecia showed follicular hyperkeratosis and erythema around terminal hairs (*red circles*), linear and arborizing vessels (*white arrows*), honeycomb pattern, and absence of follicular openings.

### HISTOLOGIC DIAGNOSIS

Later, FFA was confirmed with an incisional biopsy from the scalp showing perifollicular inflammation in a lichenoid pattern (Fig 4).



**Fig 4.** Histologic image of frontal fibrosing alopecia. Perifollicular fibrosis and lymphocytic chronic inflammation in a lichenoid pattern, as well as pigment incontinence and mild perivascular inflammation, were evident. (Hematoxylin-eosin stain; original magnification:  $\times 100$ .)

#### KEY MESSAGE

FFA is a scarring alopecia characterized by the recession of the frontal hairline, sometimes accompanied by body hair loss.<sup>1</sup> It was initially diagnosed in women; however, the incidence among men has greatly increased.<sup>2</sup> The lower incidence in men and similar clinical features with androgenetic alopecia (recession of frontal hairline and presence of lonely hairs) can make the differential diagnosis challenging.<sup>2</sup> We propose trichoscopic examination of the beard as an aid tool for the diagnosis of FFA in men. Also, as stated by Bernárdez et al,<sup>2</sup> the distribution in lateral cheeks, sideburns, and lateral mustache of the hair loss can help facilitate the diagnosis.

#### Conflicts of interest

None disclosed.

#### REFERENCES

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