CASE 30-2

A 20-year-old African American woman presents with a 6-month history of a rash and area of hair loss in her scalp. She shampoos her hair once a week and has her hair straightened at a hair salon every 2 months. She has used 1% hydrocortisone ointment daily and has stopped straightening her hair, but she has noted no improvement in the rash. Physical examination shows a scarring alopecia with hyperkeratosis and accentuation of hair follicle orifices.

What is the one most likely diagnosis?

(A) Tinea capitis
(B) Psoriasis
(C) Irritant contact dermatitis due to ammonium thioglycolate in the hair-straightening product
(D) Discoid lupus erythematosus
(E) Atopic dermatitis
The correct answer is (D), discoid lupus erythematosus.

Discoid lupus erythematosus is a cutaneous autoimmune disorder that is more commonly seen in women, especially African American women. It presents as a scarring alopecia with hyperkeratosis and accentuation of hair follicle orifices.

The other diseases listed do not typically result in a scarring alopecia. Tinea capitis is not commonly seen in adults. A transient alopecia may be seen in patients with plaque or patch scalp psoriasis, but true scarring is not seen. An irritant contact dermatitis due to hair-straightening products should resolve with cessation of their use. Atopic dermatitis would be unlikely to have an onset at age 20 and would not result in a scarring alopecia.