

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.