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Long-standing Plaque of Alopecia on the Scalp[☆]

Placa alopécica en cuero cabelludo de larga evolución



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A woman aged 35 years, with no background of interest, was seen for a 3-year history of an asymptomatic plaque of alopecia of cicatricial appearance on her scalp (Fig. 1A). She had performed treatment with 0.5% clobetasol propionate foam twice a day for the 2 months prior to consultation, with no improvement. Physical examination of the interparietal region revealed a plaque of alopecia with hairs of distinct sizes and skin that was difficult to pinch into a fold. Dermoscopy showed hairs curved around their longitudinal axis, known as comma hairs and corkscrew hairs (Fig. 1B). Skin biopsy and culture were performed because of the longstanding nature of the lesions and to exclude systemic causes of alopecia; our differential diagnosis included tinea capitis, chronic discoid lupus lesions, lichen planopilaris, and trichotillomania. Culture was positive for *Trichophyton rubrum*, and histopathology revealed the presence of long septate filamentous fungi within the hair follicles (Fig. 1C). The patient was treated with oral terbinafine, 250 mg/d for 8 weeks, leading to resolution of the lesions. The clinical and dermoscopic findings of comma and corkscrew hairs are highly suggestive of tinea of trichophytic etiology, even in longstanding plaques of alopecia.

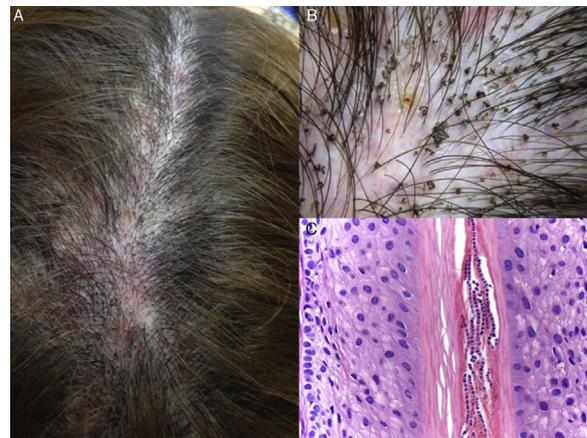


Figure 1

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