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38 PATIENTS WITH SYPHILITIC ALOPECIA WERE STUDIED FOR HISTOPATHOLOGICAL FINDING AND CLINICAL CORRELATION. 50 BIOPSY SPECIMENS WERE STAINED WITH HEMATOXYLIN-EOSIN AND WARTHIN-STARRY. DIRECT IMMUNOFLUORESCENCE (D.I.F.) WERE DONE IN 26 CASES. THERE WERE 23 CASES OF DIFFUSE HAIR LOSS, 15 CASES OF LOCAL HAIR LOSS (9 MOTH EATEN, 2 ALOPECIA AREATA-LIKE, AND 4 PATCHY). HAIR LOSS WAS PREDOMINANTLY IN THE VERTEX IN DIFFUSE TYPE 39.1%; IN TEMPERO-PARIETAL AREA IN LOCAL TYPE 26.7%. HISTOPATHOLOGIC CHANGES OF DIFFUSE AND LOCAL HAIR LOSS WERE SIMILAR. TWO PATTERNS WERE DESCRIBED. SUPERFICIAL AND DEEP PERIVASCULAR INFILTRATE WITH HAIR INVOLVEMENT IN 39.1% (DIFFUSE TYPE) AND 73.3% (LOCAL TYPE); WITH MINIMAL HAIR INVOLVEMENT 60.9% (DIFFUSE TYPE) AND 26.7% (LOCAL TYPE). HAIR INVOLVEMENT COMPOSED OF EITHER PERIFOLLICULITIS OR FOLLICULITIS. THE CELLULAR INFILTRATION COMPOSED OF PREDOMINANTLY LYMPHOCYTE: 24% OF PLASMA CELL, 8% OF EOSINOPHIL. IN DIFFUSE TYPE, TELOGEN INCREASED IN 31.7% (TRICHOGRAM), 50.9% (PATHOLOGY), CATAGEN IN 5.9%. IN LOCAL TYPE TELOGEN INCREASED IN 49.3%, CATAGEN IN 23.3%. D.I.F. SHOWED NON-SPECIFIC DEPOSIT IGM, C3 AT DERMOEPIDERMAL JUNCTION AND ALONG HAIR FOLLICLE IN 5 PATIENTS. IN DIFFUSE TYPE, PATHOLOGY IS SIMILAR TO SKIN RASH. IN LOCAL TYPE AND SOME OF DIFFUSE TYPE. FOLLICLE INVOLVEMENT ARE PROMINENT CHARACTERISTIC FEATHUR. THE PRESENCE OF PLASMA CELL AND THE INCREASING CATAGEN ARE DIAGNOSTIC CLUE TO MAKE DIAGNOSIS. HOWEVER THERE IS NO SPECIFIC CORRELATION BETWEEN HISTOPATHOLOGIC FINDING AND CLINICAL MANIFESTATION.