

## Tacrolimus in Asymmetric Frontal Fibrosing Alopecia. Report of A Case

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Long-term treatment of either tacrolimus or pimecrolimus on erosive lichen planus has been reported in no less than 264 patients. Efficacy is controversial, however, and the possibility of carcinogenic side effects discourages dermatologists, warned by FDA, from using this drug [1].

Herein I suggest it on scarring alopecias.

### Report of a case

A 64-year-old woman asked for my experience to treat an unusual patch of alopecia that have developed on her right temporal gulf (Figure 1).



**Figure 1**

On examination, the patient was in good general health, did not assume any drug and was only concerned about the aesthetic point of view. The alopecic area was 5x5 cm large and hairs within were

sparse and thin. The skin was also thinner than normal and somehow shining. No cutaneous papules nor oral lichenoid lesions were visible. I did not prescribe a biopsy not to aggravate the aesthetic damage. I diagnosed frontal fibrosing alopecia and prescribed daily applications of 0.1% tacrolimus ointment.

Seven month later, a partial improvement was noticeable (Figure 2): Hairs were more numerous and thicker. The patient, however, concerned about the danger advised by the accompanying leaflet, asked for stopping the treatment. I replaced tacrolimus with a corticosteroid cream.



**Figure 2**

### Comment

Frontal fibrosing alopecia is a disorder distinguished long ago [2], but it has been rediscovered recently. In general, it is believed to be a particular variety of lichen planopilaris sharing in common

with it the autoimmune pathogenesis. Initially reported in menopausal women and affecting the whole frontal hairline, it has been described also in non-menopausal subjects and exceptionally [3] even in men. A distinctive diagnostic criterium is the linear symmetrical distribution of its lesions.

In my patient, the asymmetry was obvious and made the diagnosis difficult, but in the absence of any alternative I confirmed the diagnosis.

No treatment is officially approved for the disorder, except hair transplantation [4]. Topical tacrolimus therefore seemed to be the only therapeutic chance for an autoimmune disorder mediated by T cells. The presence of a denser collagen structure surrounding the hair follicles suggests that the absorption of the drug is minimal, lessening any carcinogenic risk. In addition, it proved effective in the present case, event though the untimely interruption of the administration has probably interrupted its beneficial effect as well.

## Bibliography

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