



Images in medicine

Scalp alopecia in sarcoidosis

Alopecia del cuero cabelludo en la sarcoidosis

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A 42-year-old Senegalese man with no prior medical history presented to our emergency department with chest pain and ventricular tachycardia. On examination, the patient had three alopecia plaques on his scalp (Figs. 1–3) and lesions on other body regions. Chest CT showed bilateral mediastinal and hilar adenopathies and micronodules in the upper lobes and cardiac MRI revealed edema and fibrosis in different biventricular myocardial territories with right ventricular dysfunction. His serum angiotensin-converting enzyme levels was increased (260.2 U/L; normal range: 13.3–63.9). A scalp biopsy showed chronic non-necrotizing granulomatous inflammation with sarcoid-like Langhans cells (Figs. 4–5, stars). The quantiferon blood test was negative.

Treatment with systemic corticosteroids resulted in the disappearance of the plaque after two weeks of treatment. Scalp sarcoidosis is rarely reported, especially in African-American women. The presence of sarcoidal lesions on the scalp is associated with systemic disease, as are other cutaneous manifestations of sarcoidosis. Although it typically presents as a scarring alopecia, nonscarring forms can also occur.



Fig. 1. Occipital 2*2 cm plaque with crusts on its surface. Decreased hair density, without clear scarring alopecia.

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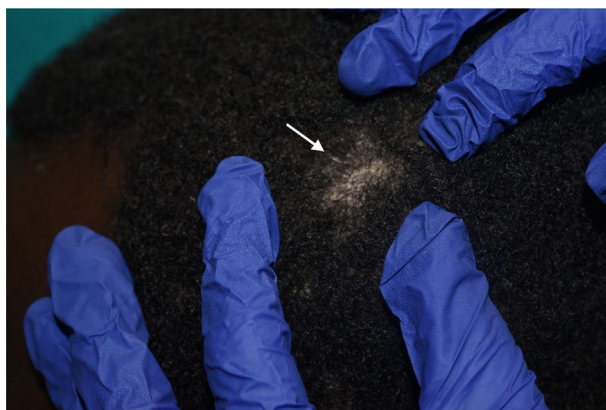


Fig. 2. Left parietal 2*2 cm erythematous plaque.



Fig. 3. 1.5*2 cm alopecia plaque in the right parietal region.

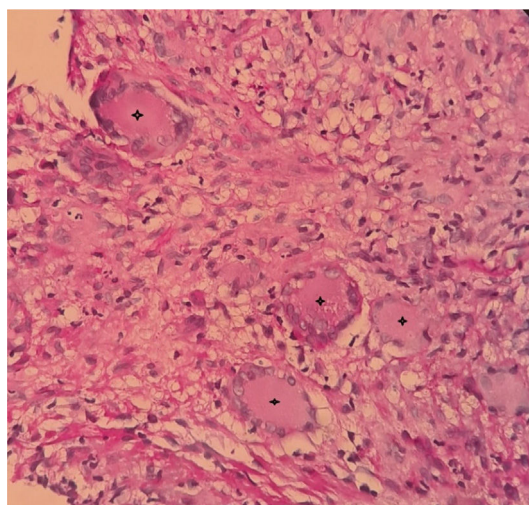


Fig. 4. Several Langhans cells marked with stars.

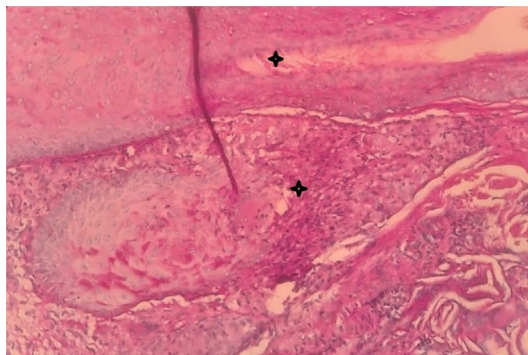


Fig. 5. The upper star indicates a hair follicle and the lower one a sarcoid type Langhas cell.