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Reply

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Key Words

Pseudocyst of the scalp · Alopecic and aseptic nodules of the scalp

I thank you very much for your kind attention to our paper. My co-authors and I enthusiastically screened the western literature available in Pubmed for similar cases of pseudocyst of the scalp but were unable to find any. Dr. Abdennader himself points out that similar cases described by Chevallier were reported not in the literature as such, but in meeting proceedings written in French. Nevertheless, this information is fairly important as it implies that pseudocyst of the scalp is predetermined by factors other than genetic ones, given its occurrence in Japanese and Caucasian subjects. Although thus far only French and Japanese groups have noticed this disease entity, it seems likely that it will be encountered in other populations.

After our initial publication, we have encountered additional noteworthy cases. The first was a 15-year-old Japanese girl who had 5 similar alopecic lesions on the scalp. A 3-mm punch biopsy specimen revealed characteristics typical of pseudocyst of the scalp. A second case showed 3 pseudocysts with alopecia of the scalp. The ages of the patients were below 40 years. The pseudocysts in these 2 people and in the reported cases contained yellowish citrine-colored liquid instead of a purulent material. The surrounding scalp in our cases was also normal. We too found no association with either acne conglobata or hidradenitis suppurativa

in our reported and additional cases. We have no experience of puncture of the lesion, but interestingly enough the last mentioned case showed total remission after a 3-mm biopsy, with no additional treatment. We therefore intend to try puncturing the lesion following Dr. Abdennader's method in future patients. I like the new nomenclature 'alopecic and aseptic nodules of the scalp' because it is more specific for the disease characteristics than 'pseudocyst of the scalp'. We have not observed any spontaneous resolution in the 6 cases we have encountered.

Histologically, none of our patients showed hair loss or scarring after surgical resection or steroidal injection. All hairs recovered after biopsy. These findings imply that the area of involvement of the hair shaft is beneath the bulge.

Japanese groups including ours recommend steroidal injection or surgical resection as treatment. In our opinion, steroidal injection is preferable, because it seemed to cure the last 2 cases completely. So, first try puncture and then try steroidal injection, and if these fail, I would recommend surgical resection. I agree that doxycycline is another possible option because it has several biological effects including inhibition of both matrix metalloproteinases and neutrophil migration, and other similar actions distinct from its antimicrobial effects [1].

I look forward to a prospective study conducted by Dr. Abdennader's group.

Reference

- 1 Fujita M, Harada E, Ikegame S: Doxycycline attenuated lung injury by its biological effect apart from its antimicrobial function. *Pulm Pharmacol Ther* 2007;20:669–675.

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