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DOI: [10.1159/000165608](https://doi.org/10.1159/000165608)**Alopecic and Aseptic Nodules of the Scalp**

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Key Words

Alopecic and aseptic nodule of the scalp · Pseudocyst of the scalp · Nonscarring alopecia

In their interesting article published in *Dermatology* in 2005, Tsuruta et al. [1] reported 4 additional cases of the so-called pseudocyst of the scalp. The assertion by the authors that 'there were no reports of such lesions in the western literature' is incorrect. At the annual meeting of the French Federation for Continuing Education in Dermatology in 1998, Chevallier [2] reported 3 cases called 'noninfectious abscess of the scalp with alopecia'. In the first case, the histopathology was similar to what was described by the Japanese authors. However, the material of the puncture was purulent instead of the yellowish citrine-colored liquid typically found in the case of pseudocyst of the scalp.

At our hair disease clinic at the Saint-Louis Hospital in Paris, we observed at least 18 cases in 12 years. The majority of patients were male Caucasians, and the age ranged from 12 to 38 years. Clinically the nodules were often asymptomatic and located mainly on the vertex and the upper part of the occipital area, and their number did not exceed 2. In contrast to dissecting cellulitis of the scalp, the lesions are not fluctuating and the surrounding scalp is normal 'like one or two small island(s) surrounded by a calm sea'. Until now, we found no association with acne conglobata or hidradenitis suppurativa. In all the cases in which the puncture was positive, the material was sterile with negative bacteriological and mycological cultures. We prefer to denominate these cases 'alopecic and aseptic nodules of the scalp' because in our experience the histopathological feature of pseudocyst is not always present.

The partial or total resolution of the nodule may occur spontaneously or after a puncture [2]. In our experience, the treatment with doxycycline (100 mg/day) is a good alternative to surgical excision which seems to be preferred by the Japanese authors. However, this last procedure is somewhat aggressive with regard to the possible spontaneous resolution and to the size of the nodule which may reach 30 mm.

Concerning the pathogenesis, alopecic and aseptic nodule of the scalp is a clinical entity which might be a part of a spectrum including several diseases in which a follicular occlusion is suspected, such as dissecting cellulitis of the scalp. However, the alopecia is of the nonscarring type, probably because the granulomatous infiltrate is located around the lower part of the hair follicle, beneath the bulge [3], as it is the case in alopecia areata. Moreover, we cannot exclude an immune process inducing an inflammatory granuloma which attacks the follicle in the following step. Thus, the granuloma might be induced either by a follicular alteration or a foreign body, or by an immunological response triggered by an unknown factor.

Obviously, further studies are needed to better clarify this rare and unrecognized entity, and we are currently conducting a prospective study at our clinic.

References

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