I read with interest the article by Tani and Adachi [1] entitled ‘Acute Follicular Graft-versus-Host Disease’ [1]. The authors alertly point out previous reports in the literature of follicular involvement in this process and point out that a clinical appearance of follicular violaceous papules is somewhat unusual. However, at the histological level at least, folliculitis involving the parafollicular bulge is very frequent in cases of graft-versus-host disease (GVHD). We recently published a study of this question in which we retrospectively reviewed all our positive cases of GVHD over a 5-month period. We found 41 cases [2]; 38 were evaluable for involvement of the parafollicular bulge on multiple recuts, and 38/38 showed evidence of involvement of the parafollicular bulge in the GVHD process. Therefore, involvement of the hair follicle is virtually ubiquitous in GVHD. Whether it comes earlier than the involvement of other foci remains unsettled, but we suspect that it attacks the parafollicular bulge and rete ridge earlier than other regions of the epidermis.

References