

## INTRODUCTION

# Cicatricial alopecias

Cicatricial alopecias are one of the most challenging conditions a dermatologist can encounter in clinical practice. The office visit usually entails a lot of time, is very emotional, and may require considerable counselling. The diagnosis can be difficult involving one or more scalp biopsies, which may or may not be conclusive. The results of treatment are very variable and can be disappointing. Realistic expectations and the prognosis of a permanent alopecia need to be addressed in a comprehensible and caring manner with each patient. The concept of preventing spread of the condition and not regrowth must be emphasized. Because the condition is uncommon, we know little about etiology and best treatment approaches. There is no evidence-based medicine on how to treat primary cicatricial alopecias. This is where the true art of medicine applies. The experience level for the average dermatologist is limited for cicatricial alopecias. This issue of *Dermatologic Therapy* addresses the etiology, diagnostic features, pathology, and treatment options from university hair clinics where these conditions are seen frequently.

Dr. McElwee discusses the etiology, potential mechanisms, and direction of research. Drs. Somani and Bergfeld discuss the differences from a histopathologic point of view in an organized easy to use reference manner. Drs. Oterberg, Alzolibani, Kang, and myself address the clinical aspects and practical treatment approaches for folliculitis

decalvans, lichen planopilaris, and pseudopelade of Brocq. Dr. Hordinsky discusses chronic cutaneous lupus of the scalp. Central centrifugal cicatricial alopecia is thoroughly discussed by Drs. Whiting and Olsen with rich graphic illustrations. Dr. Finner discusses secondary cicatricial alopecias. Drs. Walter and Robin Unger discuss in detail the benefits and risks of the surgical approach to primary and secondary cicatricial alopecias.

This issue brings together the basic scientist, the pathologist, the medical clinician and dermasurgeon in their approach to this most difficult dermatologic problem.

The patient affected with cicatricial alopecia wants to know two things: (i) Why do I have this? (ii) What can I do about it? After reading through this issue, it is hoped the dermatologist in the private office will have a better understanding on how to answer these two difficult questions to their affected patients.

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