

Case Report

Hair Casts on a 52-year-old Male's Back

Rikke Løvendahl Eefsen and Kaare Weismann

Horsholm Dermatological Clinic,
Usserød Kongevej 102, DK-2970
Hørsholm, Denmark.

E-mail: rikke.eefsen@dadlnet.dk

Peripilar hair casts, or pseudonits, are parakeratotic comedones usually present on the scalp. They are 2–7 mm long, freely movable tubular accretions that encircle the hair shafts. Histologically the tubular hair casts show parakeratosis of the follicular infundibulum. The tubular casts have a cellular structure similar to the hair root sheaths and are composed of keratin.

Case Report

During a couple of months a 52-year-old man with astrocytoma, developed thick covering of hair shafts on his back, without irritation or itching

of the skin. His back showed a follicular erythema and papules where peripilar keratin casts of different calibre grew. No hair casts were seen in the axillas.

Most obvious was the diagnosis trichomycosis axillaris, but bacteria were not cultured. Histologically, the hair shafts were covered with keratin, without fungus or bacteria, why peripilar keratin casts of the hair was diagnosed. His medications were oral prednisolone 100 mg daily, delapsine, detrusitol and eanox. None of the medications are reported to give hair casts as side effect.

Discussion

Peripilar hair casts were first described in 1957 by Kligman (1). About 36 cases have been reported since then until 1985 (2). Peripilar casts can be classified as: peripilar keratin casts and peripilar non-keratin casts (3). The basic defect of peripilar keratin casts is parakera-

tosis of the epithelium of the follicular infundibulum (4). Most likely a bulk of comedo-like squamæ is produced in the infundibulum, which encases the keratinised internal root sheath so that the keratinised internal root sheath fails to desquamate (1).

Taïeb et al. (2) define: Group 1 composed of young girls with no associated cutaneous abnormality either in the scalp or elsewhere. Triggering factors are proposed to be hair sprays and/or pediculosis capitis treatments. Group 2 is a heterogeneous group with both men and women in all age groups where a scalp disease like psoriasis, lichen planus or seborrhoeic dermatitis is associated.

The peripilar hair casts from the back of the 52 year old man resembled trichomycosis axillaris, which is a bacterial infection that is characterised by nodular thickenings on the hair shaft.



Fig. 1. Male's back with hair casts spread all over the back.



Fig. 2. Close up picture where the macroscopic morphology of the hair casts is seen.

The hair casts could also be misdiagnosed as White Piedra, a fungal infection of the hair shaft, caused by *Trichosporon beigeli*.

In this case, treatment was simply to cut off the hair casts. In some cases 0.025% tretinoin lotion has been effective (2). Keratolytic preparations and shampoos that readily improve scalp scaling frequently fail to remove casts; prolonged brushing and combing is necessary to slide casts off the affected hair casts (5).

Conclusion

Appearance of peripilar hair casts occur in association with parakeratotic scalp disease or as an idiopathic condition apparently unrelated to other scalp and hair shaft abnormalities. Our patient may have suffered from hair casts because of pressure on his back, which could cause traction on the hairs while lying in bed. The aetiology is still unknown, but it is to be resolved in the future.

References

1. Kligman AM. Hair casts; parakeratotic comedones of the scalp. *AMA Arch of Dermatol* 1957; 75: 509-511.
2. Taïeb A., et al. Hair casts. A clinical and morphologic study. *Arch Dermatol* 1985; 121: 1009-1013.
3. Keipert JA. Hair casts. Review and suggestion regarding nomenclature. *Arch Dermatol* 1986; 122: 927-930.
4. Crovato F, et al. Hair casts. *Dermatologica* 1980; 160: 281-284.
5. Bowyer A. Proceedings: Peripilar keratin casts. *Br J Derm* 1974; 90: 231-236.