Case Report

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

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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 axillae.

Most obvious was the diagnosis trichomykosis axillaris, but bacterias 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, delepsine, detrusitol and canox. 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 parakeratosis of the epithelium of the follicular infundibulum (4). Most likely a bulk of comedo-like squamae is produced in the infundibulum, which encases the keratinised internal root sheath so that the keratinised internal root sheath fails to desquame (1).

Taşeb 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 trichomykosis 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 beigelii*.

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**