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Frontal Fibrosing Alopecia Successfully Treated with Intralesional Betamethasone and Oral Hydroxychloroquine: A Case Report

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Abstract | **Case Report**

Frontal fibrosing alopecia (FFA) is a chronic, lymphocytic, scarring alopecia that affects hair follicles of the frontal scalp, eyebrows, eyelashes, and body hair. We report the case of a 36-year-old woman with progressive FFA resistant to conventional therapies. Clinical examination, trichoscopy, and histopathology confirmed the diagnosis. The patient was treated with a combination of intralesional betamethasone injections and oral hydroxychloroquine. After six months of treatment, a significant clinical improvement was observed, with stabilization of hairline recession and partial eyebrow regrowth. This case highlights the potential benefit of combination therapy in controlling disease progression in FFA.

Keywords: Frontal Fibrosing Alopecia; Combination Therapy; Trichoscopy.

INTRODUCTION

Frontal fibrosing alopecia (FFA) is a chronic, lymphocytic, scarring alopecia that affects hair follicles of the frontal scalp, eyebrows, eyelashes, and body hair.

It is closely related to lichen planopilaris (LPP), from which it differs mainly by its distribution on the scalp. First described in the literature in 1994, both conditions have become increasingly common, and genetic, immunological, and environmental pathogenic factors have been proposed [1].

FFA is characterized by a progressive recession of the frontal, temporal, or frontotemporal hairline. The clinical pattern is distinctive and typically includes eyebrow loss, along with other associated features. In addition to frontotemporal hairline recession and eyebrow loss, symptoms such as pruritus, facial papules, eyelash loss, involvement of body hair, and trichodynia may also occur. Flattening of the frontal veins, hypopigmentation along the frontal hairline, and the presence of "lonely hairs" are other frequently reported clinical features [2,3].

Case reports and cohort studies have described clinical improvement and remission with various therapeutic approaches, including 5-alpha-reductase inhibitors, topical and intralesional corticosteroids, topical and systemic immunomodulators, hydroxychloroquine, isotretinoin, antibiotics, and pioglitazone. Although treatment outcomes remain variable and evidence regarding their efficacy is still limited, combination therapies—particularly those including systemic agents—appear to be beneficial in slowing disease progression and maintaining stabilization [4,5].

We report the case of a patient with frontal fibrosing alopecia who showed a favorable clinical response to intralesional Diprospan® (betamethasone) injections combined with oral hydroxychloroquine.

CASE REPORT

A 36-year-old woman with no significant past medical history presented with a progressive hair loss affecting the frontotemporal scalp and eyebrows, associated with pruritus and scalp and eyebrow tenderness, evolving over one year.

Initial treatment included topical clobetasol propionate (Dermovate® gel) applied once daily, doxycycline 100 mg twice daily, 5% minoxidil, and a Ducray® rubefacient lotion for three months. Despite these treatments, the patient experienced disease progression.

Given the lack of clinical improvement and the impact on her quality of life, the patient was referred to our department. Clinical examination revealed a bilateral and symmetrical recession of the frontal hairline with progressive evolution (Figures 1A and 2A). Eyebrow loss was also noted, predominantly affecting the lateral portions (Figure 3). Trichoscopy showed perifollicular erythema and loss of follicular openings (Figure 4).

The remainder of the clinical examination was unremarkable. A scalp biopsy demonstrated a regular orthokeratotic epidermis, while the underlying dermis appeared fibrotic with a reduced number of hair follicles (Figure 5). A diagnosis of frontal fibrosing alopecia was established. Laboratory investigations and ophthalmologic examination were within normal limits.

Therapeutically, all previous treatments were discontinued, and intralesional corticosteroid therapy with betamethasone (Diprospan®) was initiated at a dose of 1 mL per monthly session for six months, in combination with oral hydroxychloroquine (200 mg twice daily). A satisfactory clinical improvement was observed (Figures 1B and 2B).

Figure 1: Clinical image of the right frontotemporal scalp.
(A) Before treatment: decreased hair density with recession of the right frontotemporal hairline.
(B) After treatment: stabilization of the right frontotemporal hairline recession, with improved hair density after 6 months of treatment with intralesional Diprospan® (betamethasone) injections combined with oral hydroxychloroquine.

Figure 2: Clinical image of the left frontotemporal scalp
(A) Before treatment: decreased hair density with recession of the left frontotemporal hairline.
(B) After treatment: stabilization of the left frontotemporal hairline recession, with improved hair density after 6 months of treatment with intralesional Diprospan® (betamethasone) injections combined with oral hydroxychloroquine.

Figure 3: Clinical image of the eyebrows.
(A) Before treatment: eyebrow hair loss.
(B) After treatment: eyebrow regrowth

Figure 4: Trichoscopic findings in the patient showing perifollicular erythema associated with loss of follicular openings

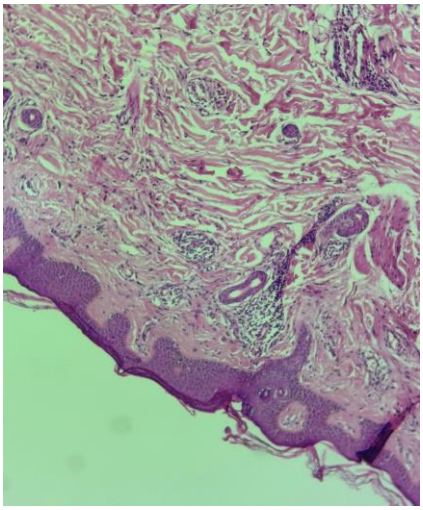

Figure 5. Scalp histopathology: skin biopsy revealed a regular orthokeratotic epidermis, while the underlying dermis appeared fibrotic with a reduced number of hair follicles

DISCUSSION

Frontal fibrosing alopecia (FFA) does not exclusively affect postmenopausal women; it has also been reported in premenopausal women as well as in men [5].

The etiology and pathogenesis of FFA are not yet fully understood and remain the subject of ongoing research. Autoimmune, environmental, hormonal, and genetic factors have all been implicated in its development [6].

Although treatment outcomes are variable and evidence regarding their efficacy remains limited, combination therapies—particularly those including systemic agents—appear to be beneficial in slowing disease progression and maintaining stabilization [7]. Intralesional corticosteroids (ILCs) are often considered a cornerstone of FFA management, as they suppress the inflammatory process, thereby reducing T lymphocyte–mediated destruction of follicular stem cells [8–10].

Hydroxychloroquine is regarded as a first-line systemic therapy in FFA due to its anti-inflammatory and immunomodulatory (anti-lymphocytic) effects, along with a generally favorable safety profile, particularly in cases resistant to topical treatments [11,12].

In our patient, the combination of intralesional corticosteroid therapy and oral hydroxychloroquine resulted in a satisfactory clinical improvement, with a reduction in disease impact on quality of life.

CONCLUSION

In light of these findings, early diagnosis of frontal fibrosing alopecia is essential to enable appropriate management and prevent disease progression.

Trichoscopy represents a valuable tool for both positive diagnosis and differential diagnosis. Combination therapies may help slow disease progression and maintain disease stabilization.

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