Comment on "Folliculitis decalvans: Effectiveness of therapies and prognostic factors in a multicenter series of 60 patients with long-term follow-up"

To the Editor: We read with interest the article entitled "Folliculitis decalvans: Effectiveness of therapies and prognostic factors in a multicenter series of 60 patients with long-term follow-up" by Miguel-Gómez et al.[1] Their article is one of the largest published series of folliculitis decalvans (FD), enrolling 60 patients with a minimum follow-up period of 5 years. The most frequently used treatments were antibiotics (doxycycline/minocycline and the association of rifampicin and clindamycin in 36 [60%] and 21 [35%] patients, respectively). Oral isotretinoin was given to 15 (25%) patients. Although no precise remission or relapse data were reported with the different treatments, Miguel-Gómez et al[1] stated that there was no significant difference between treatment regimen with rifampicin and clindamycin versus isotretinoin by multivariate analysis.

Miguel-Gómez et al[1] did a great job by proposing a practical algorithm for the treatment of FD. In severe cases, the association of rifampicin and clindamycin was suggested as a first-line treatment, and oral isotretinoin is only advised if the response is not maintained with antimicrobials and systemic corticosteroids.

There is, however, increasing evidence supporting oral isotretinoin as a first-line treatment for severe forms of FD.[2,3] In a series of 49 men with FD who were treated with isotretinoin, Aksoy et al[2] reported complete and partial response rates of 82% and 10%, respectively. The optimal treatment regimen was yet to be determined, and patients who received oral isotretinoin (≥0.4 mg/kg/day) for at least 3 months had the best response, with two-thirds of these patients never experiencing a relapse.

Tietze et al[3] retrospectively reviewed the outcome of different treatment options for FD. Full remission was obtained in 9 of 10 patients who were treated with isotretinoin. After stable remission was achieved, treatment was tapered slowly to a minimal dose for several months with good outcomes. In contrast, the long-term remission rate associated with the combination of clindamycin and rifampicin was low (17%).[3]

Rambhia et al[4] performed a systematic review of the current published treatment efficacy for FD and found that the level of evidence was low overall, with studies lacking randomization and control groups.[5] Therefore, treatment of FD remains mostly empirical. A combination of clindamycin and rifampicin was indeed the most frequently used treatment.[4]

One of the major concerns about prescribing antimicrobials for FD is the emergence of antibiotic resistance, especially after a prolonged course, reaching up to 50% in relapsing disease.[3] Therefore, in our opinion, isotretinoin should be considered a solid first-line treatment option of severe forms of FD.

The efficacy of isotretinoin could be explained by its direct inhibitory effect on the immune system.[2,3] It inhibits the migration of neutrophils into the skin and modulates the innate immune system defenses against Gram-positive bacteria through decreasing the Toll-like receptor 2 level.[2,3]

Noureddine Litaiem, MD, Asma Toumi, MD, and Faten Zeglaoui, MD, PhD

Department of Dermatology, Charles Nicolle Hospital, Tunis, Tunisia

Funding sources: None.

Conflicts of interest: None disclosed.

Correspondence to: Noureddine Litaiem, MD, Charles Nicolle Hospital, Department of Dermatology, 78 Av Farhat Hached, Tunis 2040, Tunisia

E-mail: noureddine.litaiem@gmail.com

REFERENCES

1. Miguel-Gómez L, Rodrigues-Barata AR, Molina-Ruiz A, et al. Folliculitis decalvans: effectiveness of therapies and prognostic factors in a multicenter series of 60 patients with long-term follow-up. *J Am Acad Dermatol*. 2018;79:878-883.
2. Aksoy B, Hapa A, Mutlu E. Isotretinoin treatment for folliculitis decalvans: a retrospective case-series study. *Int J Dermatol*. 2018;57:250-253.
3. Tietze JK, Heppt MV, von Preußen A, et al. Oral isotretinoin as the most effective treatment in folliculitis decalvans: a retrospective comparison of different treatment regimens in 28 patients. *J Eur Acad Dermatol Venereol*. 2015;29:1816-1821.
4. Rambhia PH, Conic RZ, Murad A, et al. Updates in therapeutics for folliculitis decalvans: a systematic review with evidence-based analysis. *J Am Acad Dermatol*. 2019;80:794-801.e1.
5. Qaseem A, Snow V, Owens DK, Shekelle P. The development of clinical practice guidelines and guidance statements of the American College of Physicians: summary of methods. *Ann Intern Med*. 2010;153:194-199.

https://doi.org/10.1016/j.jaad.2018.10.078