

## Renaming frontal fibrosing alopecia is a step too far



*To the Editor:* I read with interest the letter by Tziotzios et al, in which they propose to rename frontal fibrosing alopecia (FFA) as lichen planopilaris of Kossard, in honor of the Australian dermatologist who first described this condition.<sup>1</sup> They argue that the current name is a misnomer, as it fails to capture other important features of the disorder. Indeed, large case series show that several clinical findings other than scarring hair loss in the frontotemporal region are frequent in FFA, including eyebrow loss in the majority of patients and body hair loss and facial papules in some cases.<sup>2,3</sup>

To adopt lichen planopilaris of Kossard as the accepted term would entrench the pervasive concept of FFA as being a specific variant of lichen planopilaris (LPP). However, Tziotzios et al themselves highlight several features of FFA that are in direct contrast with classic LPP, including a predilection for postmenopausal women, the absence of cases in children, and a markedly different pattern of hair loss on the scalp.<sup>4</sup> Cases of FFA in association with cutaneous or mucosal lichen planus are also infrequent.<sup>2</sup>

Kossard suggested a link between FFA and LPP based on common histologic findings of perifollicular lichenoid inflammation and fibrosis.<sup>5</sup> Whether these represent the result of a single pathomechanism or simply the shared end points of distinct disease processes has yet to be established. This may be clarified if a distinct cause of FFA is identified. At present, the etiology of FFA remains controversial, with some casting it as a genodermatosis and others favoring an environmental cause, given the epidemic that is perceived to be occurring.<sup>4,6</sup>

It remains the case that frontotemporal scarring hair loss is the unifying feature of all cases of FFA. The aforementioned secondary features are not

always present, and why this variation between cases occurs is not yet known. I propose that FFA remain the accepted nomenclature, as it conveys the clinical finding that defines the condition being described while avoiding premature closure on the nosology of this rapidly evolving clinical concept.

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