

Pityriasis Amiantacea Resulting from Severe Seborrheic Dermatitis

Ademir Carvalho Leite Junior ^{1,*}

¹ Clínica HTRI, São Paulo, SP, Brazi.

* Correspondence: ademirjr@ademirjr.com.br. **Keywords:** Pityriasis Amiantacea; Seborrheic Dermatitis.

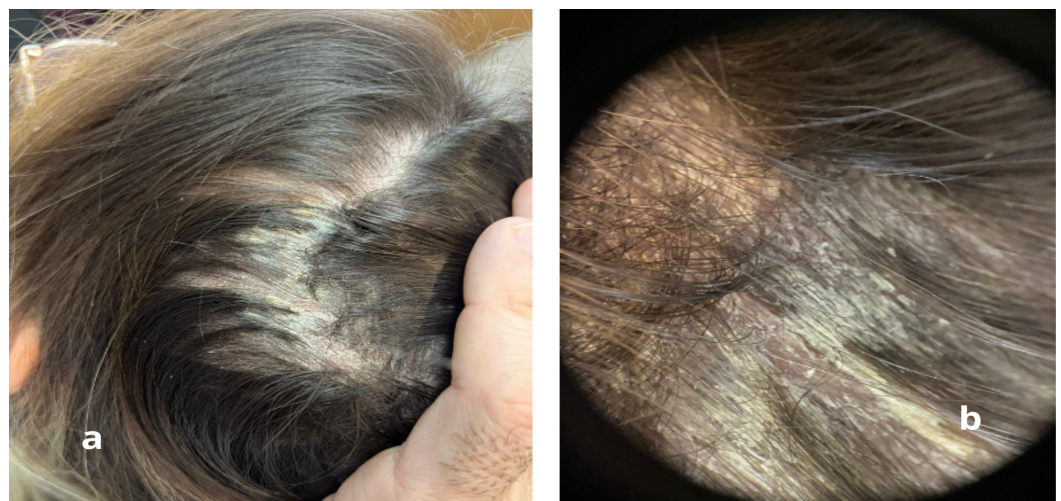


Figure 1. a) Hair tufts surrounded by keratinized cells characteristic of pityriasis amiantacea in the parietal region of the scalp. b) Hair tufts encased in keratinized cells observed by trichoscopy in the parietal region of the scalp.

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A 33-year-old female patient presents with severe scalp desquamation and dandruff, accompanied by pruritus. Previous treatment with ketoconazole shampoo and betamethasone tonic proved ineffective. Upon clinical examination (Figure 1A) and trichoscopy analysis (Figure 1B), areas of desquamation indicative of seborrheic dermatitis were observed, as well as a region of the scalp with hair tufts adhered to thick crusty layers, along with similar crusts attached to the scalp, suggestive of a diagnosis of pityriasis amiantacea.

Pityriasis amiantacea, also referred to as pseudotinea amiantacea [1], can be secondary to pre-existing dermatitis, such as seborrheic dermatitis, or other dermatitis conditions and even scalp infections. However, its pathophysiology remains incompletely elucidated [2]. The condition is characterized by the formation of hair tufts encased in layers of dry, adherent crusts, imparting an asbestos-like appearance. These crusts may also adhere to the scalp and attempts to dislodge them can result in both non-scarring and scarring alopecia [3]. The therapeutic regimen comprised a topical tonic combining a corticosteroid with salicylic acid, administered for 15 days, and a zinc pyrithione shampoo used on alternate days for 30 days. The treatment course demonstrated a marked reduction in clinical manifestations.

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