Dissecting cellulitis of the scalp, also referred to as perifolliculitis capitis abscedens et suffodiens or Hoffman’s disease, is a rare form of scarring and permanent hair loss over the affected areas. This condition may present as pus-filled lumps and nodules over the scalp, with overlying scarring hair loss. It is primarily caused by blocked and ruptured hair follicles, leading to inflammation and secondary bacterial infection.

Dissecting cellulitis of the scalp is related to other conditions involving hair follicle blockage and rupture over the scalp, known as “follicular occlusion tetrad”. This tetrad includes acne conglobata (a severe form of acne), hidradenitis suppurativa (pus-filled boils and cysts located in body folds), and pilonidal sinus (infected cyst located near the lower back).

Clinical appearance and history alone can diagnose this condition; further culture swabs can be done to assess for infectious. Patients are instructed to avoid manipulating the lumps on the scalp and to seek treatment immediately to prevent further spread of permanent scarring hair loss. Patients must also avoid oil-based hair products and regularly use an antiseptic shampoo.

Topical and oral treatments are available to help control his disease. Short term management of this condition includes oral steroids and local steroid injections. Small courses of antibiotics, such as tetracyclines, are also used. Severe, widespread disease may require systemic medications or surgery. Oral isotretinoin, a medication related to vitamin A, has also been used due to its anti-inflammatory effect and ability to suppress the activity of oil glands, which are active and contribute to this condition. Oral isotretinoin treatment may last 6 months or more depending on disease burden; and periodic blood tests are required for monitoring of potential adverse effects of the medication.