



## Abstract N°: 6660

### Recalcitrant Folliculitis Decalvans Successfully Treated with Roflumilast 0.3%

Ross Radusky<sup>1</sup>

<sup>1</sup>Dermatology Treatment & Research Center, Department of Dermatology , Dallas, United States

#### Introduction & Objectives:

Folliculitis decalvans is a neutrophilic scarring alopecia believed to stem from an abnormal host immune response to staphylococcus aureus and presents with features including follicular pustules, lack of ostia, follicular tufting and perifollicular erythema. Treatments are focused on both inflammation and eradication of staph aureus and involve topical and systemic corticosteroids, antibiotics, antifungals, retinoids, and immunosuppression. Roflumilast cream 0.3% is a potent topical phosphodiesterase (PDE4) inhibitor approved in 2022 by the FDA for the treatment of psoriasis including intertriginous disease and in 2023 as a foam formulation for the treatment of seborrheic dermatitis. Roflumilast is more potent than apremilast and crisaborole, with roflumilast more closely mimicking the three key binding sites of cAMP to PDE4. We report a case of treatment – refractory folliculitis decalvans that was tender and pruritic. Once daily treatment with roflumilast cream 0.3% resulted in marked improvement in disease severity within 4 weeks of treatment and eradication of pustules.

#### Materials & Methods:

A 35-year-old male presented to clinic with a multi-year history of an episodic, tender, and pruritic pustular eruption of the scalp with scarring that interfered with sleep and other activities. The patient's past medical history includes seborrheic dermatitis treated with OTC topical antifungals and congenital heart disease that resulted in a cardiac transplant and chronic systemic immunosuppression. Upon examination, there were numerous follicular erythematous papules and few pustules on a narrow erythematous base, predominantly on the vertex and frontal scalp. There were few irregular patches of cicatricial alopecia, multiple tufted follicles with surrounding erythema and scant greasy scales through the scalp consistent with a diagnosis of folliculitis decalvans. Prior treatments included multiple OTC analgesics and mentholated shampoos. The patient was subsequently treated with ketoconazole shampoo, clindamycin solution, clobetasol shampoo and multiple courses of week-long oral antibiotics with only temporary and partial relief. The patient was then started on roflumilast cream 0.3% once daily as monotherapy and told to discontinue all other topical therapies.

#### Results:

At week-4 follow up, the patient reported no new pustules and a reduction of erythematous papules with improvement in tenderness and pruritus. Physical examination revealed no new pustules and an objective reduction in papules as compared to his baseline visit. For ease of application, the patient will continue on roflumilast foam 0.3% once daily and start isotretinoin 10mg every third day. The patient is to return for follow up again in 4 weeks.

#### Conclusion:

This case report of a 35-year-old male with folliculitis decalvans recalcitrant to topical antifungals, topical corticosteroids and oral antibiotics was successfully treated with roflumilast cream 0.3% resulting in a reduction of erythematous papules with improvement in tenderness and pruritus. These results suggest that roflumilast cream 0.3% may be a suitable treatment option for patients with folliculitis decalvans when other treatments offer limited support. Early, safe treatments are essential for stopping permanent cicatricial alopecia. Further clinical evaluation

is required to fully understand roflumilast cream 0.3% as a treatment option for folliculitis decalvans.

**EADV Congress 2024, Amsterdam**  
**25 SEPTEMBER - 28 SEPTEMBER 2024**  
**POWERED BY M-ANAGE.COM**

