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Table I. Demographic and outcomes by treatment delay status

	Treatment delay (n = 79) N (%)	No treatment delay (n = 70) N (%)	Total (N = 149) N (%)
Age			
Mean	64	59	
Median (IQR)	65 (53, 78)	62 (48, 72)	
Range	28, 95	22, 88	
Biological sex			
Male	43 (54.4)	40 (57.1)	83 (55.7)
Female	36 (45.6)	30 (42.9)	66 (44.3)
Race			
White	60 (75.9)	44 (62.9)	104 (69.8)
Black/African American	8 (10.1)	19 (27.1)	27 (18.1)
Other/unknown/declined	11 (13.9)	7 (10.0)	18 (12.1)
Stage			
IA-IIA	40 (50.6)	37 (52.9)	77 (51.6)
IIB	11 (13.9)	12 (17.1)	23 (15.4)
IIIA-IIIB	4 (5.1)	2 (2.8)	6 (4.0)
IVA1 (SS)	19 (24.1)	16 (22.9)	35 (23.5)
IVA2-IVB	3 (3.8)	3 (4.3)	6 (4.0)
PC CD30+ LPD	2 (2.5)	0 (0.0)	2 (1.3)
COVID-19 status			
Positive	18 (22.8)	10 (14.3)	28 (18.8)
Negative	61 (77.2)	60 (85.7)	121 (81.2)
Length of treatment delay (mo)			
Mean	3.20	0.00	
Median (IQR)	3.00 [1.05, 4.00]	0.00 [0.00, 0.00]	
Range	0.30, 10.00	0.00, 0.00	
Unknown	2	0	
Outcomes			
Improvement of disease	5 (6.3)	10 (14.3)	15 (10.1)
Stable disease	15 (19.0)	36 (51.4)	51 (34.2)
Disease progression/relapse	52 (65.8)	22 (31.4)	74 (49.7)
Deceased	7 (8.9)	2 (2.9)	9 (6.0)

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Conflicts of interest

None disclosed.

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A multicenter descriptive analysis of 270 men with frontal fibrosing alopecia and lichen planopilaris in the United States



To the Editor: Lichen planopilaris (LPP) and frontal fibrosing alopecia (FFA) are forms of primary lymphocytic cicatricial alopecia characterized by inflammation and fibrosis of the follicular unit causing irreversible hair loss if untreated.¹ Epidemiologic studies of LPP/FFA are lacking but it is thought that the incidence is increasing globally.² Men with LPP/FFA are increasingly reported in the literature, challenging the paradigm that LPP/FFA is a disease of postmenopausal women.^{3,4} This multicenter descriptive study is the first to characterize LPP/FFA among men in the United States.

Medical records from adult men seen at specialty hair clinics in the U.S. between January 2010 and

Table I. Demographic and diagnostic history of men with lichen planopilaris, frontal fibrosing alopecia, and both disorders (LPP + FFA)

Item	All (n = 270)	LPP (n = 215)	FFA (n = 37)	LPP + FFA (n = 18)
Current mean age ± SD	52.54 ± 14.72	52.03 ± 14.85	56.92 ± 12.79	49.66 ± 15.90
Mean age at diagnosis ± SD	45.77 ± 14.63	45.00 ± 14.60	50.68 ± 13.63	45.11 ± 15.87
Race, race, ethnicity, or origin, n (%)				
American Indian or Alaska Native	1 (0.37)	1 (0.47)	0 (0.00)	0 (0.00)
Asian	12 (4.44)	8 (3.72)	2 (5.41)	2 (11.11)
Black and/or African American	14 (5.19)	10 (4.65)	2 (5.41)	2 (11.11)
Non-White Hispanic, Latino, or Spanish origin	9 (3.33)	9 (4.19)	0 (0.00)	0 (0.00)
Middle Eastern or North African	3 (1.11)	3 (1.40)	0 (0.00)	0 (0.00)
Native Hawaiian or other Pacific Islander	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)
White (Hispanic and Non-Hispanic)	191 (70.74)	147 (68.37)	31 (83.78)	13 (72.22)
Other race, ethnicity, or origin	40 (14.81)	37 (17.21)	2 (5.41)	1 (5.56)
History of scalp biopsy consistent with disease, n (%)				
Yes, biopsy confirmed	186 (69.89)	155 (72.09)	26 (70.27)	5 (27.78)
No, clinical diagnosis only	74 (27.41)	52 (24.19)	11 (29.73)	11 (61.11)
Unable to determine	10 (3.70)	8 (3.27)	0 (0.00)	2 (11.11)

FFA, Frontal fibrosing alopecia; LPP, lichen planopilaris.

September 2021 were reviewed. Men with a clinical or biopsy-confirmed diagnosis of LPP, FFA, or overlap LPP + FFA were included in the analysis. Patients with a concomitant cicatricial alopecia other than LPP or FFA were excluded (see the Supplement for complete methods).

A total of 270 patients met criteria for inclusion, with 215 having a diagnosis of LPP (79.6%), 37 with FFA (13.7%), and 18 with overlap LPP + FFA (6.7%) (Table I). The average age was 52.5 ± 14.7 years and was similar between groups ($P = .11$). History of sunscreen application to the face, most days of the week, year-round for at least 5 years was recorded in a minority (14.8%) of charts, and was most prevalent among men with FFA (27.0%) and overlap LPP + FFA (16.7%) compared to men with LPP (6.7%) (Supplementary Table I, available via Mendeley at <https://doi.org/10.17632/shw6684cfh.1>). Hair loss affecting the beard (21.6%) and sideburns (16.2%) at disease onset was most common among patients with FFA (Fig 1). The frequency of hair loss affecting the arms, chest, and legs at disease onset was 10.4% at each location in men with FFA and less than 1.0% at each location in LPP. Most patients with LPP (61.9%), FFA (54.1%), and overlap LPP + FFA (50.0%) had a history of scalp pruritus (Supplementary Table II, available via Mendeley at <https://doi.org/10.17632/shw6684cfh.1>). A minority (27.8%) had concomitant androgenetic alopecia. Nearly one-third (29.3%) had been incorrectly diagnosed before seeing a hair specialist (Supplemental Table 3).

This multicenter study of 270 men with LPP/FFA in the United States is, to our knowledge, the largest descriptive study of men with LPP/FFA published to

date. A recent meta-analysis reported that use of facial sunscreens increased the likelihood of developing FFA.⁵ We found that long-term consistent use of facial products with sunscreen was more common among men with FFA than those with LPP. However, there was insufficient data to establish causality. Nearly 1 out of 3 men in our cohort had been incorrectly diagnosed before seeing a hair specialist. LPP was commonly misdiagnosed as seborrheic dermatitis. FFA and overlap LPP + FFA were both commonly misdiagnosed as alopecia areata. Loss of beard hair at FFA onset was reported by 1 in 5 patients. Our findings highlight that a history of symptomatic scalp, beard loss, and body hair loss in men presenting with frontal hairline recession should raise suspicion for a cicatricial process. Increased awareness of cicatricial disease in men could promote care-seeking behavior and timely diagnosis.

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Fig 1. Perifollicular erythema and loss of facial hair in man with frontal fibrosing alopecia (FFA). This patient reported loss of beard hair at FFA onset.

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the journal stating that all patients gave consent with the understanding that this information may be publicly available.

Key words: AGA; alopecia; androgenetic alopecia; autoimmune; beard loss; body hair; cicatricial; cicatricial alopecia; dermatology; eyebrows; facial hair; FFA; fibrosing; fibrosis; frontal fibrosing alopecia; hair; hair loss; hair loss in men; hair specialists; itch; lichen planopilaris; loss; LPP; male pattern hair loss; men; misdiagnosis; MPHL; multicenter; pattern hair loss; PHL; pruritus; retrospective review; scalp itch; scarring; scarring alopecia; scalp symptoms; sideburns; specialty hair clinic; sunscreen.

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Conflicts of interest

None disclosed.

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Popular sunscreens marketed to individuals with skin of color: Cost, marketing claims, and allergenic ingredients



To the Editor: There is increasing awareness of the negative effects of ultraviolet (UV) light in individuals with skin of color (SOC), especially in regards to pigmentation disorders induced and/or exacerbated