

## Alopecia Scalp Biopsy - Full Clinical Guideline - DERBY

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### Introduction

Alopecia can have a significant impact on patients' psychosocial well-being. The underlying cause of alopecia is not always clear clinically. Histological samples can help support clinicians in making an accurate diagnosis. There are major discrepancies in the way biopsies of the scalp are taken by clinicians from patients suffering from alopecia.

### Aim and Purpose

We have devised a standard protocol for clinicians to follow when sending off scalp samples for alopecia investigation. This will allow clarity in the processing of samples by histology staff and maximise effectiveness of histology reporting.

### Definitions, Keywords

**Scarring alopecia (cicatricial alopecia)** - In scarring alopecia inflammation destroys the hair follicle, with subsequent scarring. Examples include lichen planopilaris, lupus, frontal fibrosing alopecia, and folliculitis decalvans.

**Non-scarring alopecia**- Usually characterised by a lack of permanent destruction of the hair follicle. Examples include alopecia areata, female/male pattern hair loss, telogen effluvium, and traction alopecia.

## Alopecia biopsy protocol

All punch biopsies for alopecia cases must be booked on a **DOCTORS LIST ONLY** with a 30 minute slot.

All punch biopsies must be 5 mm in size and should be orientated in the direction of hair growth in order to minimize oblique transection of follicles. The biopsy should extend into the subcutaneous fat.

All samples to be sent for histological assessment with specialist alopecia request card. The request card should include relevant clinical details to facilitate histological interpretation and clinic-pathological correlation.

All IMF samples must be sent to the pathology lab before 3pm Monday to Thursday.

**Scarring alopecia biopsy protocol with IMF:**

Take two punch biopsies from the active area of alopecia. Send one 5 mm punch biopsy sample in a formalin pot for histology. This will be processed for horizontal sectioning. The other 5 mm punch biopsy should be bisected, with half sent to histology in a separate formalin pot for vertical sectioning. The other half should be sent for IMF in normal saline.

**Scarring alopecia biopsy protocol without IMF:**

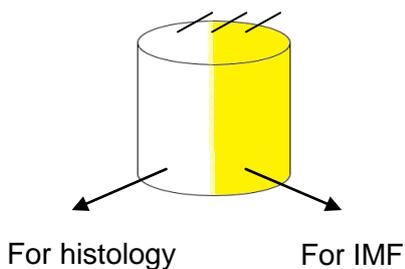
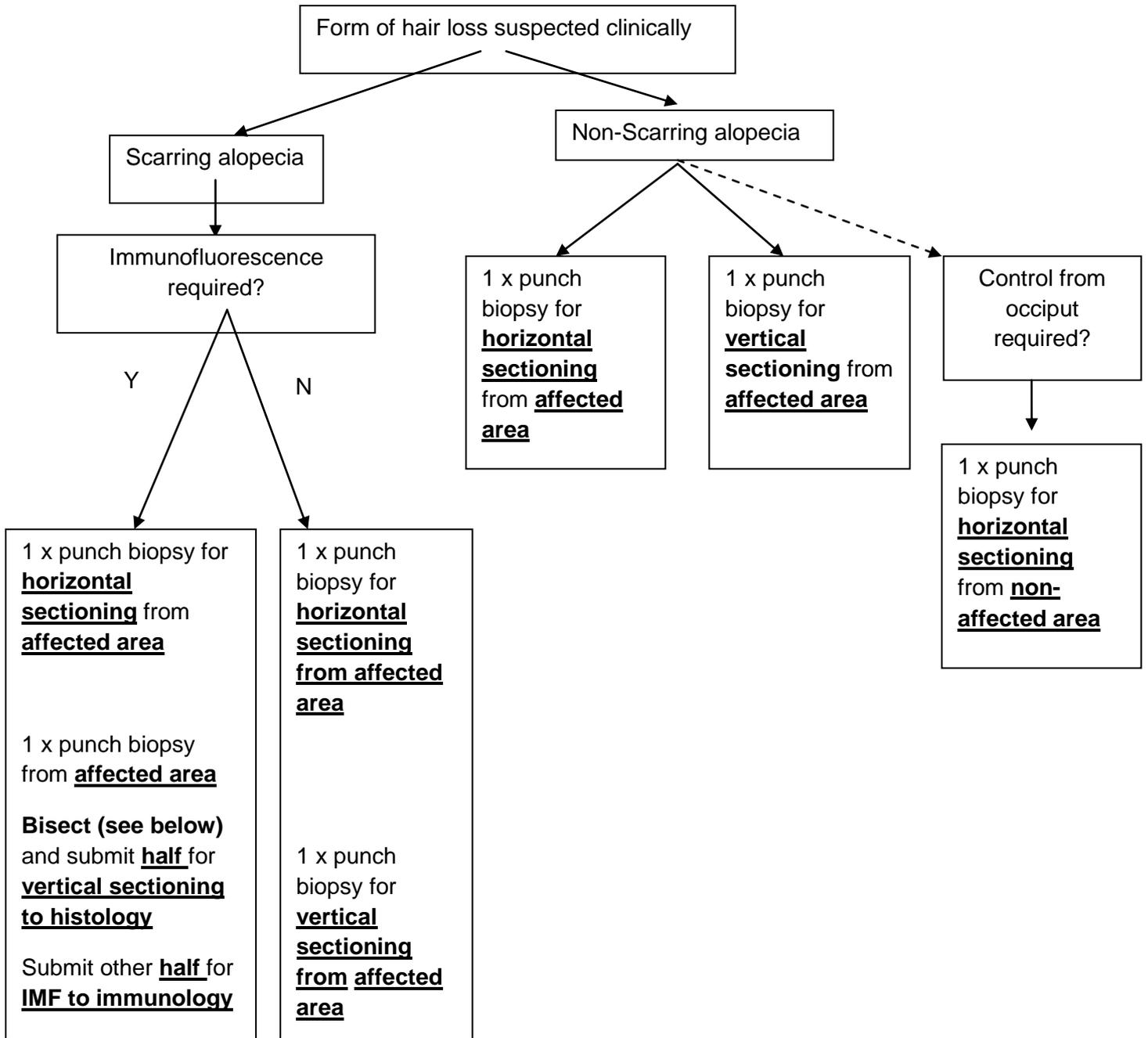
Take two punch biopsies from the active area of alopecia. Send the 5 mm punch biopsy samples in separate formalin pots for histology. One will be processed for horizontal sectioning and the other for vertical sectioning.

**Non- scarring biopsy alopecia protocol:**

Take three 5 mm punch biopsies, two from the affected area and one from the unaffected area (Occiput). All three samples will be sent for histology in a formalin pot. One sample will be processed for horizontal sectioning, one will be processed for vertical sectioning and the control sample from the occiput will be processed for horizontal sectioning.

**Unsure of diagnosis?**

If the clinician cannot differentiate clinically if a patient has scarring or non-scarring alopecia then please use the non-scarring alopecia protocol.



## References

Griffiths C, Barker J, Bleiker T, Chalmers R, Creamer D. *Rook's Textbook of Dermatology*, 9<sup>th</sup> ed. Oxford: Wiley Blackwell; 2016

Sperling LC, Cowper SE, EA Knopp. *An Atlas of Hair Pathology with Clinical Correlations*. 2<sup>nd</sup> ed. London: Informa Healthcare; 2012

## Documentation Controls

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