







Description Dissecting cellulitis of the scalp presents as a loss of hair in the affected area which frequently discharges a seropurulent material. It is a painful condition.

Erythematous papules or nodules which over time evolve into plaques with underlying intercommunicating sinuses.

Location

Most often occurs on the scalp vertex or occiput.

Etiology

Perifollicular, comedonal papules or nodules which frequently form intercommunicating sinuses and coalesce into a plaque. This plaque is often firm, painful, and produces seropurulent drainage. When cultured, *Staphylococcus aureus* and *Staphylococcus albus* are identified. The disease most frequently affects young black men and as it progresses, scarring and alopecia develop.

Hallmark of the Disease

Firm, painful nodulo-plaques which discharge a seropurulent material

Treatment

Treatment is difficult and is usually not curative. Oral antibiotics with anti-inflammatory properties may be helpful, especially when used in conjunction with topical and intralesional steroids. Isotretinoin may also prove successful, although remission is variable. If medical

treatments fail, surgical approaches may be used, but are most effective if performed on early, small lesions. In these cases, the lesions are incised and drained.

Normal Course

The normal progression of the disease leads to scarring, therefore alopecia and seropurulent drainage may last indefinitely.

Patient Education

It is crucial to stress to the patient the importance of treating early and aggressively for best results. Compliance with taking prescribed oral medications and/or returning to the clinic on a set schedule for intralesional injections is imperative.

Nursing Measures

Instruct patient on the proper use of prescribed medications and review any possible side effects. Reiterate the importance of early and aggressive treatment to achieve the best outcome.