Alopecia Mucinosa
Follicular mucinosis is characterized clinically by grouped erythematous papules and/or plaques that may be markedly indurated or nodular (nodulocystic). It is typically found on the head and neck, shoulders, and upper back. The primary form tends to have a shorter but benign course. The secondary type has been associated with numerous benign and malignant conditions, including lymphomas, of which the majority are mycosis fungoides. A distinct variant of mycosis fungoides is characterized by grouped papules that often respond to treatment with plaque-like lesions.
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fungoides-follicular mycosis fungoides-may or may not be associated with follicular mucinosis.

The primary form tends to affect children and young adults more frequently and resolves spontaneously in several months (acute benign type) or several years (chronic benign type). It is often confined to the head and neck but may be disseminated. The secondary type tends to form more widespread plaques and is almost always a disorder of adults.
The secondary type has been found in association with other lymphoproliferative disorders, including Hodgkin's disease.
There has been controversy about whether the histopathology allows for distinction between the primary and secondary forms of the disorder.
Others have reported that adults older than the age of 40 years with widespread follicular mucinosis are
In 1957, Pinkus described *alopecia mucinosa*, the term used when follicular mucinosis affects terminal...
Histopathology
Within the outer root sheath and sebaceous gland epithelium, there is reticular epithelial degeneration that sometimes demonstrates that the mucin is predominantly hyaluronic acid. Colloidal iron stain may also be used for its detection.
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Inflammation is composed of lymphocytes and histiocytes, but there can also be eosinophils. There may
follicular mucinosis (primary or secondary), features that have been proposed as favoring a lymphoma-associated lesion. However, subsequent studies have suggested that mucin deposition tends to favor a benign process, although this finding is not always consistent. The pathogenesis of these conditions remains the subject of ongoing research.
Electron microscopic studies showed that the mucin is a product of the outer root sheath epithelial cells. It is a filamentous material that is secreted into the intercellular spaces. In two of our patients with primary, idiopathic alopecia mucinosa with reversible alopecia, we found, using transverse sections, an increased number of resting-phase follicles, mostly catagen, ranging from 46% to 92% of all terminal follicles (unpublished observation).
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