

PFB Patient handout

Pseudofolliculitis Barbae (**PFB**) is a disease involving either the embarbment of a growing hair back into the skin, or, a hair, which, while growing, does not clear the follicular orifice, but instead, penetrates the follicular wall into the surrounding skin. Either results in an inflammatory response consistent with a foreign body reaction, and the potential for a scar and even a keloid (a tumor made of scar tissue). It takes approximately 3-5 days for the hair to grow long enough to embarb into the skin. Penetration from within the follicle occurs if the follicle is damaged, or, if the hair is clipped too short, as many electric shavers and multiple track razors can do.

This disease occurs primarily in the beard hair area, and, while usually seen in male patients of African-American descent, it can potentially be seen in any ethnic/racial population, and in either gender.

It frequently flares when shaving is required, such as when a patient enters active duty in military service. Pustules also form when the lesion becomes secondarily infected, usually with *Staphylococcus aureus*. Scarring, dimpling or pitted scars, and pigmentation changes may occur as a result of the disease process. The following are guidelines in managing this disease.

Instructions for shaving and application of medications:

1. Gently clean the skin with mild soap, and gently scrub using a washcloth, Buff-Puff, or surgical hand scrub brush, gently swirling the skin.
2. Hair release is probably the single-most important treatment for this disorder – if there is no in-growing hair, there is no inflammation. This should be performed on a daily basis in a systematic way. Basically, gently lift the hair with a sharp toothpick, or clean needle – it should not hurt to perform this procedure.
3. Do NOT pluck the hair out with a tweezers – this damages the follicular wall, which may lead to a hair follicle infection, or the inability for the hair to track correctly as it grows back along the hair follicle.
4. Shaving:
 - Currently, there are a number of ways to remove facial hair, but a few are appropriate for patients at risk for PFB. A single-edged razor (i.e. Bic Bumpfighter) can help – gives a fairly clean shave, and, if you confine the shaving to one pass per area of skin, leaves the hair just long enough to protrude from the follicle.
 - The razor should be new for each shave, encouraging patients to buy the disposable razors. By trying to shave with a dull razor, there is more effort exerted, and, higher risk for nicking the skin, or razor burn.
 - Shave in the direction the hair is growing.
 - DO NOT stretch the skin as this contributes to shaving TOO close. Do not go over an area of skin more than once or twice to get the last hair, as this can lead to razor burn.
5. **Clindamycin solution 1%** is a prescription that is massaged into the skin once or twice daily. It helps reduce the potential for secondary folliculitis.
6. **Tretinoin 0.025% cream** is massaged into the affected skin at night to help reduce the adherence of skin cells, helping the skin shed old dead skin cells and may normalize keratinization, with resulting decrease in embarbment.
7. Finally, **hydrocortisone cream 1%** may be massaged into the affected irritated areas of the skin to decrease the foreign-body inflammation once to three times daily.

Other notes:

Chemical Depilatories: Magic shave and other chemical depilatories certainly do a great job removing hair, but are so irritating, especially on already inflamed skin, that their use can only be performed every 4 days, long enough for hairs to embarr into the skin.

Shaving Gels: Shaving gels, particularly those with extra lubricants such as Edge Gel ultra sensitive, are better than most foams for shaving preps.

Lotions: Use of a pre-shave lotion such as William's Lectric Shave, or Mennen's Skin Bracer can help lubricate the skin prior to shaving, making the clipper slide over the skin easier.

Beard-Mustache-Sideburn trimmers :(i.e. Wahl, Andiss, Oster, Norelco, Panasonic) are non-adjustable, fine-toothed clippers. These can shave close enough to pass inspection, afford a tight seal with a protective mask, and leave the hair relatively long (slightly less than a typical 5 o'clock shadow), making penetrating hair problems unlikely.

Intralesional steroids: Triamcinolone suspension, a steroid, may be injected in small amounts into each stubborn papule –risks of atrophy, striae, telangiectasia formation, and pigment changes may occasionally occur. Treatment can be repeated monthly as needed.

Keep in mind that the patient has a vested interest in performing this self-care. In addition to minimizing scarring and discomfort, successful treatment means no need for a permanent profile change.

LASER

The Nd:Yag laser is used to treat PFB.

Each treatment removes approximately 20% of the course hairs. The goal of treatment is not total removal of hair but the reduction of hairs to prevent PFB from occurring when shaving.

Typically patients are treated every 4-6 weeks for a total of 3-4 sessions. Seldom does complete/total hair removal occur. A realistic expectation is about 80% reduction in course hairs. Thinner hairs and light/gray hairs typically do not respond.

The treatments can be painful and the topical medication LMX will be prescribed to help reduce the sensation associated with the laser. The medication contains lidocaine; please alert us if you have an allergy to anesthetics. The topical medication is applied one hour before the procedure.

Remember to continue shaving as outlined above, and do not pluck hairs.

If redness occurs after treatment, topical hydrocortisone cream may be gently massaged into the skin 2-3 times daily. Other possible side effects include a burning or stinging sensation, blister formation, decrease or increase in skin color at treatment sites, scar formation (rare), and recurrence of hair growth at treatment sites. Eye injury is a risk and is almost completely eliminated with the use of proper eyewear.