

**DEFINITION**

1. **Sycosis Barbae** is a common subacute or chronic pyogenic infection of the hair follicles of the beard. If the follicles are destroyed with clinically evident scarring the term **lupoid sycosis** (also known as **ulerythema sycosiforme**) is applied.

**CLINICAL FEATURES**

2. Sycosis barbae occurs only in males after puberty. Most cases begin in the third or fourth decade but the disorder may arise in the post-pubertal teenage years.
3. The essential lesion is an oedematous, red, follicular papule or pustule centred on a hair. The individual papules remain discrete but if neighbouring follicles are involved the perifollicular oedema may coalesce, to produce the raised plaques studded with pustules which suggested the appearance of a ripe fig to the ancient author who coined the term sycosis.
4. In the common subacute forms the lesions may be scattered irregularly over the beard or grouped especially on the upper lip and below the angles of the jaw. Attacks of varying duration occur at irregular intervals over months or years.
5. In more chronic forms the lesions are typically clustered into plaques, especially on the upper lip and chin, and may persist for very long periods, even up to twenty years in some cases. There is often some crusting or scaling but the hairs are retained and there is no evident scarring.
6. In lupoid sycosis the follicles are destroyed by scarring, and active pustules and papules fringe the advancing margin around a pink atrophic scar. Granulomatous inflammatory changes may give the papules a lupoid appearance. The process usually begins in front of one ear or under the chin and extends irregularly in any direction. Lupoid sycosis tends to persist indefinitely, although the rate of extension may vary from time to time.
7. It should be noted that sycosis barbae is not synonymous with pseudofolliculitis of the beard. The latter disorder is caused by ingrowing hairs, and is characterised by papules and pustules which are scattered irregularly over the sides of the neck and are not grouped but may lie in skinfolds.

**AETIOLOGY**

8. The infecting organism in sycosis barbae is *Staphylococcus Aureus*, the same phage type of which may often be isolated from the nose, but unknown constitutional factors must be accorded a major role in determining susceptibility, for the staphylococcus does not normally penetrate more deeply than the follicular ostia.
9. Many patients are seborrhoeic, with a greasy complexion and chronic blepharitis.
10. Clerical and other indoor workers are affected more often than those who work in the open air.

11. Fatigue and emotional stress often appear to precipitate relapses but their significance is hard to evaluate.

## **CONCLUSION**

12. **Sycosis Barbae** is a common subacute or chronic pyogenic infection of the hair follicles of the beard. The condition results from a staphylococcal infection of the hair follicles of the beard area with constitutional factors, fatigue and emotional stress playing a role.

## **REFERENCE**

Hight A S, Hay R J and Roberts S O B. Bacterial Infections – Sycosis. In: (Eds) Champion R H, Burton J L and Ebling F J G. Textbook of Dermatology. Oxford. Blackwell Scientific Publications. 5<sup>th</sup> Ed. 1992. p976-977.

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