Comparison of Systemic Mycophenolate Mofetil with Topical Clobetasol in Lichen Planopilaris: A Parallel-Group, Assessor- and Analyst-Blinded, Randomized Controlled Trial

Vahide Lajevardi, Seyedeh Zahra Ghodsi, Azadeh Goodarzi, Pardis Hejazi, Arghavan Azizpour, Sara Beygi

Abstract

Introduction

Lichen planopilaris (LPP) is the most common cause of inflammatory immune-mediated cicatricial alopecia. If not diagnosed and treated properly, it may lead to irreversible hair loss with a devastating impact on quality of life. However, treatment can be a challenge. In an area lacking these sorts of studies, we conducted a randomized controlled trial (RCT) to study the
tolerability and therapeutic effects of topical clobetasol versus systemic mycophenolate mofetil (MMF).

**Methods**

A randomized, assessor- and analyst-blinded controlled trial was conducted in 60 patients with LPP in Razi Dermatology Hospital, Tehran, Iran, between February and December 2013. Patients were treated with clobetasol lotion 0.05 % applied at night or oral MMF 2 g/day and were followed for 6 months. The Lichen Planopilaris Activity Index (LPPAI) was the primary measure of response to treatment.

**Results**

Systemic MMF and topical clobetasol were equally effective in reducing the LPPAI over 6 months of treatment. Treatment tolerability was excellent in both groups and no serious irreversible adverse effects were detected. Satisfaction with treatment rose in the MMF group over time; however, it declined in the clobetasol group.

**Conclusion**

Given the similar efficacy profiles, topical clobetasol seems to be a more suitable and reasonable choice for treatment of LPP than MMF.

**Clinical trial registration number:** IRCT2012102111195N1.
**Ciclosporin vs clobetasol in oral lichen planus**
in Inpharma Weekly (2013)

**Carbamazepine**
in Reactions Weekly (2013)

**Topical Clobetasol Propionate in the Treatment of Psoriasis**

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