A woman in her early 30s presented with a 2-month history of a spontaneous nonpruritic rash on her frontal scalp, which progressed to her temporal scalp. She had no history of psoriasis, seborrheic dermatitis, or eczema. Examination revealed thick adherent yellow scales on the frontal, temporal, and vertex scalp with associated nonscarring alopecia (Figures 1 and 2).

Clinical examination was consistent with pityriasis amiantacea. Wood lamp examination and fungal culture ruled out tinea capitis. She was treated with topical clobetasol solution and coal tar shampoo, with considerable improvement.

Pityriasis amiantacea is a rare scalp condition that presents with thick waxy scaling that binds down tufts of hair. It was described by Alibert in 1832 as “La Porrigine Amiantacée” after amiantate—the scale around the feathers of young birds that has an asbestos-like appearance. It can occur in children and adults and often presents with temporary nonscarring alopecia in the affected areas. The exact cause is unknown, but it has been associated with psoriasis, seborrheic dermatitis, tinea capitis, atopic dermatitis, as well as tumor necrosis factor-\(\alpha\) inhibitor therapy.

Diagnosis is often made on the basis of clinical examination and dermoscopy, although other causes, such as tinea capitis, should be ruled out with fungal culture. Histopathology is usually not required but typically reveals spongiosis, parakeratosis, and migration of lymphocytes into the epidermis. It typically responds to topical corticosteroids, keratolytic agents, and antifungal shampoos. Pityriasis amiantacea should be included in the differential diagnosis of a scaly scalp rash and considered for associated conditions.
POTENTIAL COMPETING INTERESTS
Dr Xie has won the Geoffrey Dowling Fellowship from the British Association of Dermatologists and received the Appignani Lichen Planus Benefactor Gift. The other author reports no competing interests.

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