

27 JUNE 1995

Certified Current on 27 November 2013
Medical

**MANAGEMENT OF
PSEUDOFOLLICULITIS BARBAE (PFB)**

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Supersedes MACDR 168-2, 14 May 1991

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Pages: 2
Distribution: F; X - HQ ACC/SG

This instruction establishes the policies and procedures for administering the Pseudofolliculitis Barbae (PFB) Program. It applies to all 6th Air Base Wing and tenant Air Force personnel.

SUMMARY OF REVISIONS

This revision incorporates the requirements, information, and procedures formerly in MACDR 168-2; deletes several protocol items; changes office symbols as required.

1. PURPOSE: To provide physician-approved guidelines in the teaching and management of affected individuals for a satisfactory shaving technique to prevent life-long scarring and/or pigmentary changes on facial skin; and to educate all concerned personnel including patients, First Sergeants, and Commanders in order to promote understanding and cooperation.

2. REFERENCES: AFP 160-44; AFI 36-2903.

3. GENERAL: Pseudofolliculitis is a clinical syndrome caused by close shaving of curly hair. Because the inherent curvature of the hair follicle in persons with tight coiling hair is sharpened by the shaving process, it acts like a sharp hook, and penetrates the superficial surface of the skin, resulting in a splinter-like foreign body reaction in the deeper layers of the skin. The disease commonly affects the anterior neckline, the chin, and maxillary prominence of the cheeks. If not managed appropriately, this relatively benign process will leave life-long pigmentary changes and/or disfiguring hypertrophic or keloidal scarring.

4. MANAGEMENT GUIDELINES: Management of PFB will be in three phases:

4.1. Phase I. Patients entering the program in this phase will be new patients or patients already in the program, but experiencing acute relapse of their problem. Patients in this phase will have moderate to severe inflammatory 1-3 mm papules/pustules as a response to ingrown hairs. When shaved over, these lesions can be very painful and bleed easily. There will usually be evidence of post-inflammatory hyperpigmentation changes, and occasionally early scarring problems. A complete shaving history is obtained and the facial skin is thoroughly examined. A physical profile change (AF Form 422), shaving questionnaire, and PFB form letter will be recommended to allow the facial skin to heal. The patient is not to shave for a period of 4-6 weeks. Most of the papules/pustules will spontaneously resolve in this time period. Temporary hair growth is not to exceed 1/4 inch and is to be kept neat and trimmed. Patients will be reevaluated each week while on a no-shaving profile.

4.2. Phase II. The training phase involves educating the patient and managing PFB. If requested by squadron section commanders or First Sergeants, a class concerning etiology, treatment, and prognosis of PFB will be held. The PFB Program patients will attend classes biannually concerning the etiology, treatment, and management of PFB.

4.3. Phase III. The patient is entered in phase III of the PFB program. The patient will have developed shaving techniques to help him maintain a "close shave" appearance. The time period needed between shavings to maintain this appearance will be determined on an individual basis. At this time the patient is given a PFB information letter to be reviewed with his supervisor/commander. The PFB Clinic will remain available to all patients who have completed the program in case of relapse of the disease.

5. ADMINISTRATION:

5.1. All care provided will be documented in the outpatient medical records, which are to be annotated at each visit and on the doctors appointment sheet.

5.2. Initiate the following forms to be signed by the physician:

5.2.1. AF Form 522, Physical Profile Change.

5.2.2. PFB Form Letter.

5.2.3. Shaving Questionnaire.

5.3. A log of all patients treated in the PFB Program and treatment rendered will be kept by the chief of the clinic.

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