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NAVMC DIRECTIVE 6310.1

From: Commandant of the Marine Corps
To: Distribution List

Subj: PSEUDOFOLLICULITIS BARBAE (PFB)

Ref: (a) MCO P1020.34G, Uniform Regulations
(b) MCO P1900.16F, MARCORSEPMAN

Encl: (1) Pseudofolliculitis Barbae Treatment Protocol

1. PURPOSE. To provide standardization in the treatment, management, and disposition of Marines diagnosed with Pseudofolliculitis Barbae (PFB).
2. INFORMATION. Grooming standards play a vital role in the promotion of good order and discipline. The standards also provide for uniformity and serve an important safety function by allowing the proper fit and wear of personal protective gear such as aviation oxygen masks. Reference (a) paragraph 1004.7b(5) directs a clean-shaven face with the exception of a well-kept moustache. Permanent variance from the established grooming standards for any reason, including medical, is not authorized.
 - a. PFB, also known as pili incarnate, sycosis barbae, and commonly as shaving or razor bumps, is a common dermatologic condition principally affecting men and women of African American or Hispanic descent who have tightly curled hair. An infectious organism does not cause it, but instead results from the leading edge of closely cropped facial hair re-entering the epidermis of the skin or transecting the wall of the hair follicle. This results in localized inflammatory reactions over the affected site. The lesions are typically red, flesh colored, or darkened firm raised masses on the surface of the skin. These lesions are usually between 2 to 4 millimeters in diameter. Hair is often seen within the lesion. The process can lead to secondary skin infections and, in severe cases, permanent scarring.

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b. This medical condition will only manifest itself in those predisposed individuals who regularly shave or practice hair plucking. PFB develops due to the flat, elliptical hair follicles found in the aforementioned ethnic skin types. The curvature of the hair follicle and its oblique orientation to the surface of the skin, which is most frequently observed in African American individuals, causes the hair to grow as a spiral with the leading edge perpendicular to and curling into the skin. Shaving causes a sharpening of the leading edge of the hair, which in turn penetrates the epidermis or grows with the follicle itself. Pulling the skin taut when shaving, using a double edged razor, or dry shaving can aggravate this effect by causing the cut hair to retract into the follicle. The condition occurs when the hair has grown to a length of 1 to 2 millimeters from the tip of the hair follicle. The hair will then curl into the skin to a depth of 2 to 3 millimeters. A loop of hair will often form on the surface with the tip imbedded in the skin.

c. PFB is most frequently observed along the neck, chin, and cheek over areas where there may be multiple directions of hair growth over a small surface area. Severity is determined based on the type and number of lesions:

(1) Mild - These patients have fewer than 20 small lesions, a few of which may be infected.

(2) Moderate - These patients have cases marked by 20 to 60 lesions with several infected lesions present.

(3) Severe - These patients have cases marked with greater than 60 lesions, a significant portion of skin which may be infected.

d. Currently the mainstays of treatment are prevention and early intervention methods. Many treatment options are available, however none is completely curative. Vigilance and adherence to treatment protocols are the best means of maintaining a good cosmetic outcome consistent with grooming standards.

3. SCOPE. Because PFB frequently requires the wearing of a beard during the early phases of treatment and Marine Corps regulations do not permit the wearing of a beard, commanders at all levels must be attuned to the possibility of deleterious

effects on morale and discipline related to the treatment of PFB. To avoid this, command and supervisory personnel must be aware of the medical management procedures involved in treating PFB. Unit members should be informed of the conditions related to PFB. Above all else, the Marine patient with this condition must show the motivation to participate in the recommended treatment regimen to avoid unnecessary morale and discipline problems. Patients who misuse the medical authorization associated with the treatment of PFB may be subject to appropriate disciplinary action.

a. Marines unable to shave because of facial irritation will be referred to a medical officer for evaluation, diagnosis, and treatment. Enclosure (1) contains the recommended treatment protocol that should be followed by those diagnosed with PFB. SF 600 (Chronological Record of Medical Care) should be utilized to document the member's initial condition, progression of treatment, and final recommendation. The original will be placed in the member's health record and a copy will be placed in the member's service record.

b. When the condition has progressed to the point where all established methods of hair removal fail to alleviate it, and a medical officer has diagnosed that the patient can only control the condition by a continual beard growth, separation of the member under reference (b) should be initiated.

c. Treatment options are only recommendations. Providers should tailor treatment to the specific needs, symptoms, and clinical presentation of the patient. Providers should also ensure that the treatment regimens are consistent with the most currently accepted standards of care.

4. COMMANDER'S INTENT AND CONCEPT OF OPERATIONS

a. Commander's Intent

(1) Marines diagnosed as having PFB will be treated like any other patient with dermatitis. While undergoing medical treatment for PFB, a Marine is to be considered fit for full duty. Eight to twelve weeks will usually provide sufficient time to determine if some method of hair removal will alleviate the condition and allow the patient to conform to grooming standards. When a continual beard growth is required for treatment, the hair length shall not exceed one-fourth of an

inch (50 millimeters) and should be limited to the affected area.

(2) Supervisors of individuals who are diagnosed with PFB must actively monitor the individual according to the procedures outlined in this instruction. Medical personnel will routinely evaluate the individual, at least every three to four weeks, at the termination of a regular treatment interval. Upon determination by local medical authority that a Marine is suffering from a permanent condition of PFB, commanders having General Court Martial authority may authorize convenience of the Government separation under reference (b).

b. Concept of Operations

(1) Commanding officers will be guided by the policy outlined in "Commander's Intent," references (a) and (b).

(2) The following paragraphs provide additional procedural guidance:

(a) When beard growth is required during treatment, the patient will be issued an encounter form (SF 600) signed by a medical officer which notes the nature of the medical condition, specifies the areas which should not be shaved, and limits the length of time a beard growth is required for medical treatment. When irregular shaving is required during treatment, shaving frequency should also be specified. A copy of this form should be provided to the patient, to the patient's commanding officer, and an appropriate entry made in the patient's health record on SF 600 (Chronological Record of Medical Care). In the absence of SF 600, a similar form should be utilized to annotate areas on face and neck that cannot be shaved during treatment.

(b) When a medical officer determines, after a reasonable period of treatment (usually no more than 12 weeks), that the patient can only control the condition by a continual beard growth, the commander will begin processing the Marine for separation from the Marine Corps at the convenience of the Government. Reference (b) specifies the conditions and requirements of commands separating Marines for the convenience of the Government and paragraph 6203.2a(6) will be cited as the discharge authority. Additionally, those Marines separated for PFB will be assigned a reenlistment code of RE-3P.

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(c) Authority to grant convenience of the Government separation due to chronic PFB will not be delegated below those commands authorized General Courts Martial jurisdiction.

5. COMMAND. This directive is applicable to the Marine Corps Total Forces.



M. F. APPLEGATE
By direction

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Pseudofolliculitis Barbae Treatment Protocol

PHASE I: Control of mild cases (less than 20-30 small papules or rare pustules)

1. Light duty form authorizing a no-shave period during which the service member is to maintain one-quarter inch of hair growth over the affected areas specific to the patient and delineated on encounter form SF600 for three to four weeks. To achieve this, an electric hair clipper with a No. 1 (1/4 inch) or 5-millimeter guard is used to trim the affected areas.
2. After shaving, the patient should apply Vioform-HC cream at the first sign of irritation, tenderness, or new papule formation. This cream should be thoroughly worked into the skin. The patient should continue to use the cream throughout the day as needed for irritation or tenderness.
3. The patient should perform the following to loosen hairs during the no-shave period. The individual is to wash his face every morning with hot water and an anti-bacterial or anti-acne soap using a circular motion.
4. During the morning wash the affected area can be brushed in a circular motion using a mildly abrasive washcloth or polyester web sponge. The beard should be brushed in the same way for 3 to 5 minutes three additional times throughout the day.
5. After washing the face in the morning, the patient is to then apply hydrocortisone 1% to 2.5%, or comparable steroid cream to face two to three times daily. Apply the steroid cream prior to applying Vioform-HC or other lubricant to face.
6. In patients whose presentations are closer to moderate than mild cases, consider Tretinoin (Retin-A) 0.05% to 0.1% cream to face at night. Leave it on at least 8 hours before washing the cream off in the morning. Apply the Tretinoin cream prior to applying Vioform-HC or other lubricant to face.
7. If the symptoms resolve with the above treatment by the conclusion of the no-shave period, resumption of regular shaving according to the prevention section of the protocol may begin. Consideration should be given to continuing some or all of the above treatments with resumption of regular shaving.

PHASE II: Control of moderate cases (20-60 small papules with pustules) or cases unresponsive to Phase I

1. Initiate or continue steps 1 through 4 or Phase I, to include continuation of no-shave guidelines for an additional 3 to 4 weeks.
2. Apply Tretinoin 0.05% to 0.1% cream to face at night. Leave it on at least 8 hours before washing the cream off in the morning.
3. Start a topical antibiotic on affected areas. These antibiotics include Clindamycin 10 mg/ml (available as a gel or lotion) twice a day; Erythromycin 1.5% to 2.0% (available as a solution, ointment, gel, or treated pad) twice a day; and combination antibiotic/benzoyl peroxide mixtures such as Benzaclin or Benzamycin twice a day.
4. The medical provider should consider referring the patient to a dermatologist for possible treatment using a chemical peel containing glycolic or salicylic acid. If hyperpigmentation is present, the peel should also contain hydroquinone (4%), azelaic acid, or kojic acid. The dermatologist would also determine the suitability of the candidate for treatment using laser therapy.
5. If the symptoms resolve with the above treatment by the conclusion of the no-shave period, consideration should be made to initiate regular hair removal using a depilatory agent in place of a bladed cutting device in accordance with the prevention section of the protocol. Further consideration should be given to continuing some or all of the above treatment in addition to the depilatory agent.

PHASE III: Control of severe cases (greater than 60 papules and/or significant pustular involvement) and those cases unresponsive to Phases I and II

1. Initiate or continue steps 1 to 3 of Phase II, to include continuation of no-shave guidelines for an additional three to four weeks.
2. An oral antibiotic is to be started when a secondary infection is observed. The ultimate antibiotic used should be based on lesion culture results of the secondary lesions.

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The choice of antibiotic includes: Erythromycin 250 mg to 500 mg, one tablet three times a day; Doxycycline 100 mg, one tablet twice a day; Augmentin 500 mg, one tablet by mouth twice a day; and Dicloxacillin 250 mg, one tablet by mouth daily. Treatment should continue until signs of infection resolve, typically 7 to 14 days.

3. In the most severe cases, medical providers should consider adding oral corticosteroids (Prednisone at 40 to 60 mg by mouth daily for five to ten days) to reduce inflammation around the hair follicles until the hair grows and is no longer a aggravating factor.

4. A referral to dermatologist is done to determine the suitability of the candidate for treatment using laser therapy.

5. Laser treatment destroys the hair follicle and thus eliminates future hair growth. Multiple treatments are usually required, but a near permanent hair removal is achieved, obviating the need for additional treatment or long term shaving guidelines in most cases.

6. If laser treatment is not an option or ineffectual, recommendation should be made to separate the service member from the Marine Corps at the convenience of the Government. This action can only be performed by a command authorized General Courts Marital jurisdiction in accordance with reference (b) paragraph 6203.2a(6).

Prevention of PFB and facial hair control for cases responsive to Phase I, II, or III of the protocol

1. Shaving with a bladed instrument:

a. Consider pre-treating face with hydrocortison 1% to 2.5% 15 to 30 minutes prior to washing the face to reduce irritation.

b. Prior to shaving, the patient should wash the face with warm water and an anti-bacterial or anti-acne soap using a circular motion.

c. During the morning wash, the affected area should be brushed in a circular motion using a mildly abrasive washcloth or polyester web sponge for 3 to 5 minutes.

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- d. Use a lubrication shaving gel.
- e. Avoid a close shave by using a PFB Razor. These razors are specially formulated single blade razors with guards that prevent shaving the hair too close to the skin.
- f. Twin- or triple-blade razors should not be used since they cut the hair too close to the skin and will cause the sharp leading edge of the hair to retract into the skin.
- g. Shave with the grain of the beard and do not stretch the skin. Use only one stroke over each area of the beard. These steps will prevent retraction of the trimmed hair into the skin.
- h. Apply either Vioform-HC cream or Hydrocortisone 1% for mild cases, or Hydrocortisone 2.5% for moderate cases, to the face after shaving if irritation, tenderness or new lesions develop.
- i. For the first five weeks of regular shaving, shave only every 2 to 3 days.

2. Shaving with an electric razor:

- a. Consider pre-treating face to reduce irritation with hydrocortisone 1% to 2.5% 15 to 30 minutes prior to washing the face (see sub paragraph 1b.).
- b. Prepare beard by washing face with warm water and an antibacterial or anti-acne soap using a circular motion. After washing, apply an electric razor pre-shave.
- c. Do not stretch skin while shaving to prevent retraction of the trimmed hair.
- d. Shave with the grain of beard growth.
- e. Avoid multiple repetitions of strokes over the same area.
- f. Do not press the razor head hard against the skin.
- g. After shaving, rub in either Vioform-HC cream, Hydrocortisone 1%, or Hydrocortisone 2.5%, depending on

Enclosure (1)

severity, to face after shaving at the first sign of irritation, tenderness, or new papule formation.

h. For the first five weeks of regular shaving, shave only every 2 to 3 days.

3. Chemical depilatories

a. Wash face using warm water and an anti-bacterial or anti-acne soap using a circular motion, leaving face wet, prior to applying the depilatory. Only one type of depilatory should be used at any given time. Do not use both simultaneously.

b. Barium sulfide depilatory. It is as a powder available in strengths from very mild to strong.

(1) Use only every 48 to 72 hours.

(2) Use mildest form that works.

(3) Apply to small areas at a time (1/4-1/2 of face) and start removal no later than 3 minutes after application.

(4) Remove with spatula, butter knife, tongue blade, or other blunt straight edge.

(5) Use short, rapid strokes against the direction of hair growth. Keep shaving instrument moist but wipe clean.

(6) If some hairs remain, repeat if more than 3 minutes have elapsed since the original application.

(7) Rapidly and thoroughly rinse face after removal using soap and water.

(8) Neutralize depilatory with a diluted vinegar solution (1 teaspoon per pint of water) then rinse again thoroughly with tap water.

(9) Apply either Vioform-HC cream, Hydrocortisone 1%, or Hydrocortisone 2.5%, depending on severity, to face if irritation or other symptoms develop.

(10) The patient should wash his face with soap two to three times daily between depilatory uses.

c. Calcium triglycolate depilatory. This depilatory is available as a lotion, powder, and cream.

(1) Apply to bearded areas.

(2) Leave on 5 to 10 minutes.

(3) Use spatula, tongue blade, butter knife, or other blunt straight edge to remove material with strokes against the direction of hair growth.

(4) Rinse thoroughly two to three times.

(5) Apply either Vioform-HC cream, Hydrocortisone 1%, or Hydrocortisone 2.5%, depending on severity, to face if irritation or other symptoms develop.

d. Adjunct to chemical depilatories

(1) Medical providers should consider adding eflornithine hydrochloride 13.9% cream to the patient's treatment regimen if chemical depilatories are used.

(2) Eflornithine hydrochloride is an enzyme inhibitor that slows the rate of hair growth.

(3) Eflornithine hydrochloride 13.9% is applied to the face twice a day and washed off after 4 hours. The interval between the daily applications should be at least 8 hours.

(4) In some cases, hair growth can be controlled with eflornithine hydrochloride alone for eight weeks of treatment, eliminating the need for chemical depilatories.