ALOPECIA

Jacqueline De Luca, MD, FAAD
Kaiser Permanente Downey

DISCLOSURE

I have no conflicts of interest or financial relationships to disclose

Some medications discussed may be used off-label

INTRODUCTION

Common presenting problem in the primary care; affects patients of all ages, males and females

Source of psychological distress to patients

Can be a primary process, or a manifestation of an underlying medical condition.

CLASSIFICATION

Noncicatricial (nonscarring)
- male and female pattern hair loss
- alopecia areata
- telogen effluvium
- traction alopecia
- Trichotillomania
- Tinea capitis

Cicatricial (scarring/permanent loss of follicles)
- Lichen planopilaris
- Central centrifugal cicatricial alopecia
- Discoid lupus erythematosus
- Folliculitis decalvans
- Dissecting cellulitis

PATTERNED HAIR LOSS (ANDROGENETIC ALOPECIA)

Age: puberty or older

Prevalence ranges from 16–96%

Onset: gradual

Hair thinning

Distribution:
- men—the crown, receding hairline
- women—wider midline part of the crown (compare to occiput); preservation of frontal hairline

Pull test usually negative

PULL TEST

Grasp 50 to 60 hairs between your thumb, index, and middle fingers

Perform in at least 4 different regions of the scalp

Normally, up to 10% of the scalp hair is in the telogen phase

Positive pull test is >5 or 6 hairs

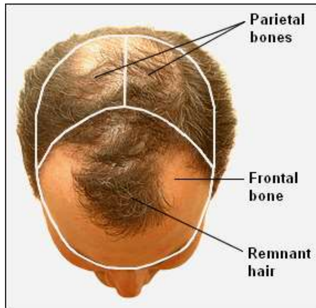
However, if patient's hair have been recently shampooed can have false negative; no shampooing x 1 day before appt

FEMALE PATTERN HAIR LOSS

Can be associated with hyperandrogenism (PCOS)

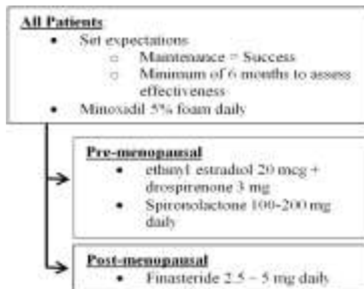
Get history on menstrual cycles, pregnancies, menopause, OCP, HRT, infertility, hirsutism, persistent adult acne, obesity

prevalence increases with age
- 12% in women aged between 20 and 29 years
- >50% of women > 80



NORWOOD-HAMILTON SCALE

FPHL: TX



Brough KR, Torgerson RR. Hormonal therapy in female pattern hair loss. Int J Womens Dermatol. 2017 Feb 24;3(1):53-57

MALE PATTERN HAIR LOSS: TX

Finasteride 1 mg/day

Minoxidil 5% BID

Low-level laser light therapy (HairMax LaserComb)

Adil A, Godwin M. The effectiveness of treatments for androgenetic alopecia: A systematic review and meta-analysis. J Am Acad Dermatol. 2017 Jul;77(1):136-141.e5.

TELOGEN EFFLUVIUM

Age: mostly adults

Onset: abrupt

May be triggered by iron deficiency, thyroid imbalance, general anesthesia, postpartum, and medications

Diffuse generalized thinning

Positive hair pull test

TELOGEN EFFLUVIUM-TX

Reassurance

Correct causes: poor diet, iron deficiency, hypothyroidism, meds, etc

Minoxidil

ALOPECIA AREATA

Age: mostly before 20 years of age

Onset: abrupt
May have personal or FHx of autoimmune disease

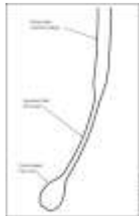
Mostly bare patches; rarely diffuse hair thinning
Distribution: patchy or multifocal
Total alopecia in 5% of cases

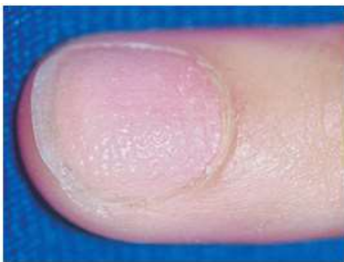
Occurs at any hair-bearing site but most common site is scalp (>90%)

Pull test positive

Exclamation point hairs

Nail involvement is seen in 10-20% of cases (nail pitting)





ALOPECIA AREATA-TX

Minoxidil 5%

Topical steroids

IL steroids- 5mg/cc triamcinolone injected Q 4 weeks

latanoprost or bimatoprost for eyelashes

Prednisone, phototherapy, cyclosporine, methotrexate

TINEA CAPITIS

Age: mostly children

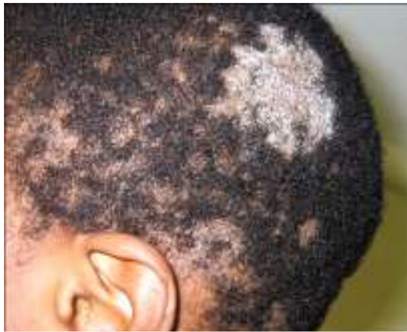
Onset: gradual or abrupt
Contact with animals?

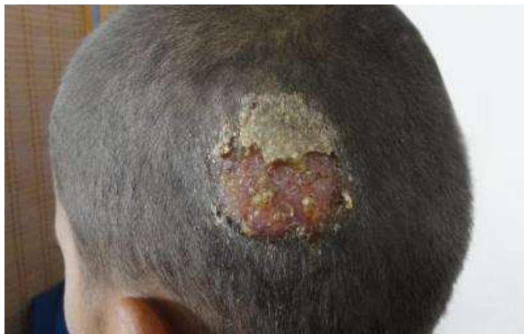
focal or multifocal with or without inflammation

postauricular lymphadenopathy associated with scaling, alopecia, or pruritus

Pull test positive; hairs may break

KOH and fungal culture (always culture)





TINEA CAPITIS

Terbinafine – better for Trichophyton species (more common in US)

- 10 to 20 kg child – 62.5 mg/day for 2 to 4 weeks
- 20 to 40 kg child – 125 mg/day for 2 to 4 weeks
- >40 kg child – 250 mg/day for 2 to 4 weeks

Griseofulvin – choice of treatment in patients with Microsporum

- 20 to 25 mg/kg/day for 6 to 12 weeks if microsize formation
- 0 to 15 mg/kg/day for 6 to 12 weeks if ultramicrosize formulation

Selenium Sulfide 2.5% shampoo or ketoconazole shampoo (also give to household members)

TRICHOTILLOMANIA

Age: mostly children and adolescents

Onset: gradual or abrupt

Feeling a tension that is relieved by pulling the hair
Can be associated with other psychiatric disorders (often arises in individuals with obsessive-compulsive disorder)

Distribution: frontotemporal/frontoparietal scalps
Bizarre shaped patches with irregular borders; Rarely bare patches/ usually thinning of hair

Broken hairs of different lengths on exam

Negative pull test

TRICHOTILLOMANIA- TX

Children- behavioral treatment and intervention; self-limited

Adults- may also need SSRI or TCA; *N* -acetylcysteine (1200-2400 mg/day) also studied

LICHEN PLANOPILARIS

Age: adults

Scalp itching, burning sensation

Lichen planus at other site in 50% of cases

Bare patches or diffuse hair thinning plus perifollicular erythema or perifollicular scales

LICHEN PLANOPILARIS

FRONTAL FIBROSING ALOPECIA

LICHEN PLANOPILARIS-TX

Corticosteroids – topical, intralesional
Topical tacrolimus
Hydroxychoroquine
Doxycycline
Acitretin
Methotrexate
Ciclosporin
Mycophenolate mofetil
Pioglitazone (an oral PPAR-γ agonist)

CENTRAL CENTRIFUGAL CICATRICIAL ALOPECIA

Patch of alopecia with follicular dropout; Starts on the crown and expands centrifugally
Hair tufting can be present
Proceeded by hair breakage
Can also see pustules, inflammatory papules

CCSA- TX

consider natural hairstyles; avoid tension on hair/heat

Potent topical steroids (ointment- clobetasol or fluocinonide)

Intralesional steroids- 8 rounds, 6 weeks apart (7.5 mg/cc kenalog)

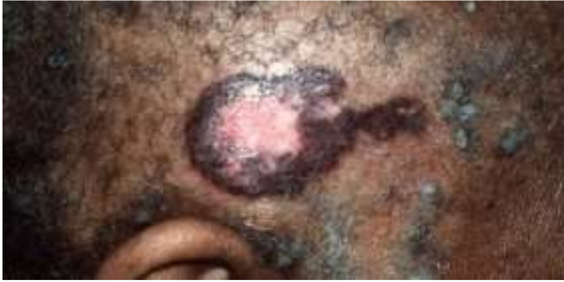
Calcineurin inhibitors

Doxycycline 100 mg BID

DISCOID LUPUS ERYTHEMATOSUS

Age: young adults
Onset: gradual or abrupt
Scalp itching, burning sensation
More in white women
SLE in 5-10% of cases

Bare patches
Distribution: parietal scalp
Erythematous scaly papules, follicular plugging, hypopigmentation, peripheral hyperpigmentation, and telangiectasia



DISCOID LUPUS- TX

Topical or intralesional corticosteroids

Topical calcineurin inhibitors

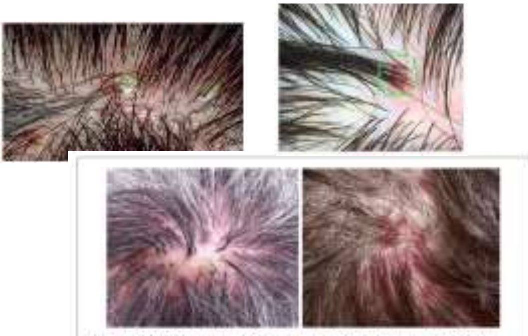
Oral antimalarials: hydroxychloroquine, chloroquine

2nd line: methotrexate, oral corticosteroids, thalidomide, and dapsone

FOLLICULITIS DECALVANS

Age: young and middle age
Onset: gradual
Pain, scalp itching, burning sensation
More in men

Bare patches
Distribution: mostly starts at the vertex
Follicular papules, pustules, and crusts
Hair tufting



FOLLICULITIS DECALVANS- TX

Topical clindamycin

Topical steroids

Obtain bacterial culture

Oral doxycycline 100 mg BID

Oral combination therapy with rifampin and clindamycin

Isotretinoin- sustained remission

DISSECTING CELLULITIS

Age: young adults
Onset: gradual
Pain with or without follicular occlusion triad (acne conglobata and hidradenitis suppurativa) or tetrad (pilonidal sinus)
More in men

Bare patches
Distribution: mostly starts at the vertex boggy inflammatory plaques and nodules; with or without sinuses with purulent discharge

DISSECTING CELLULITIS- TX

Oral doxycyline or minocycline
IL steroids +/or I and D for flares
Oral isotretinoin