INDIAN COUNTRY ECHO

LEADING THE WAY

Growing the Ability to Deliver Quality Healthcare to American Indian and Alaska Native People.

Non-scarring alopecias

5/21/2024

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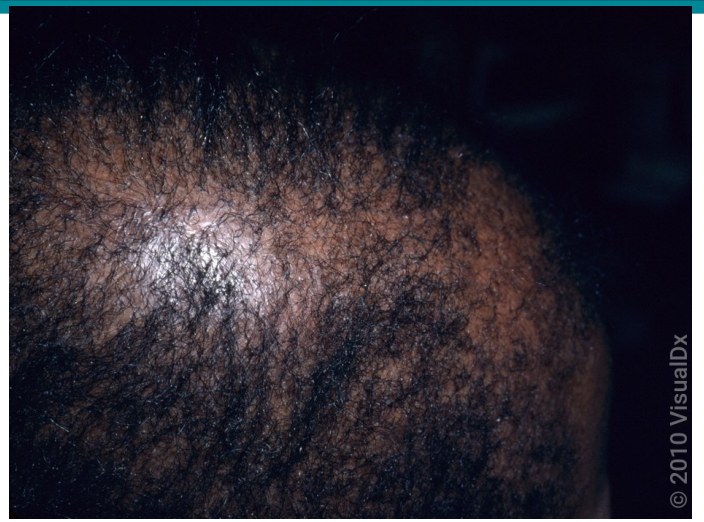
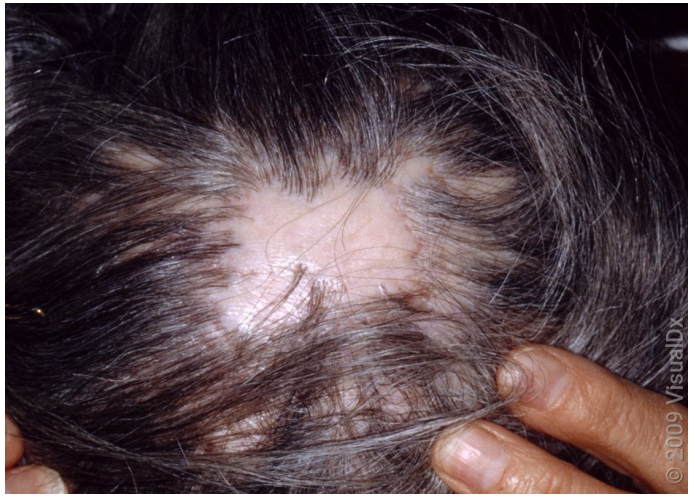
Objectives

I. Review scarring vs. non-scarring alopecia
II. Discuss the initial workup and treatment of several non-scarring alopecias
III. Practice cases

Scarring alopecia

- Inflammation around the hair follicle leads to fibrosis and **irreversible** hair loss
- Several disorders (i.e. CCCA, lichen planopilaris, folliculitis decalvans, and late-stage traction alopecia) can lead to scarring
- Concern for scarring alopecia → dermatology referral

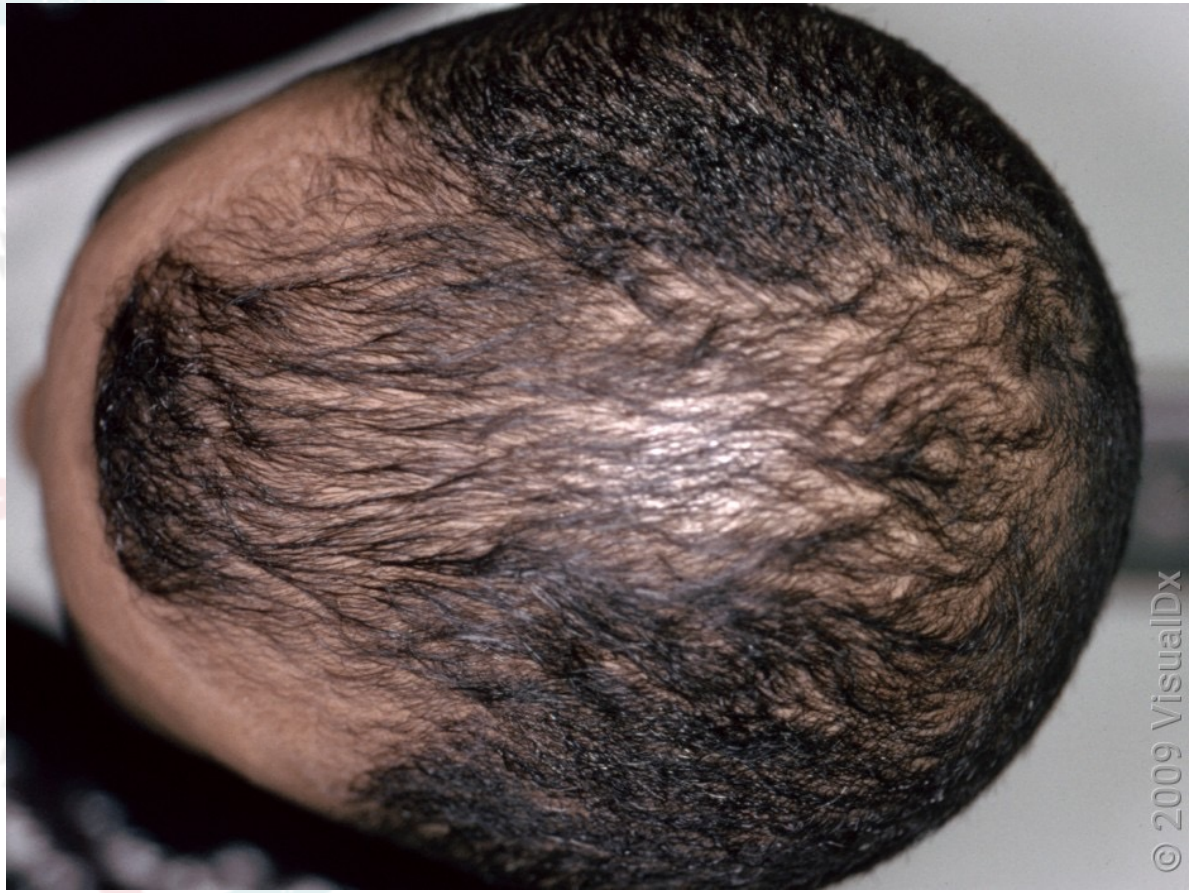


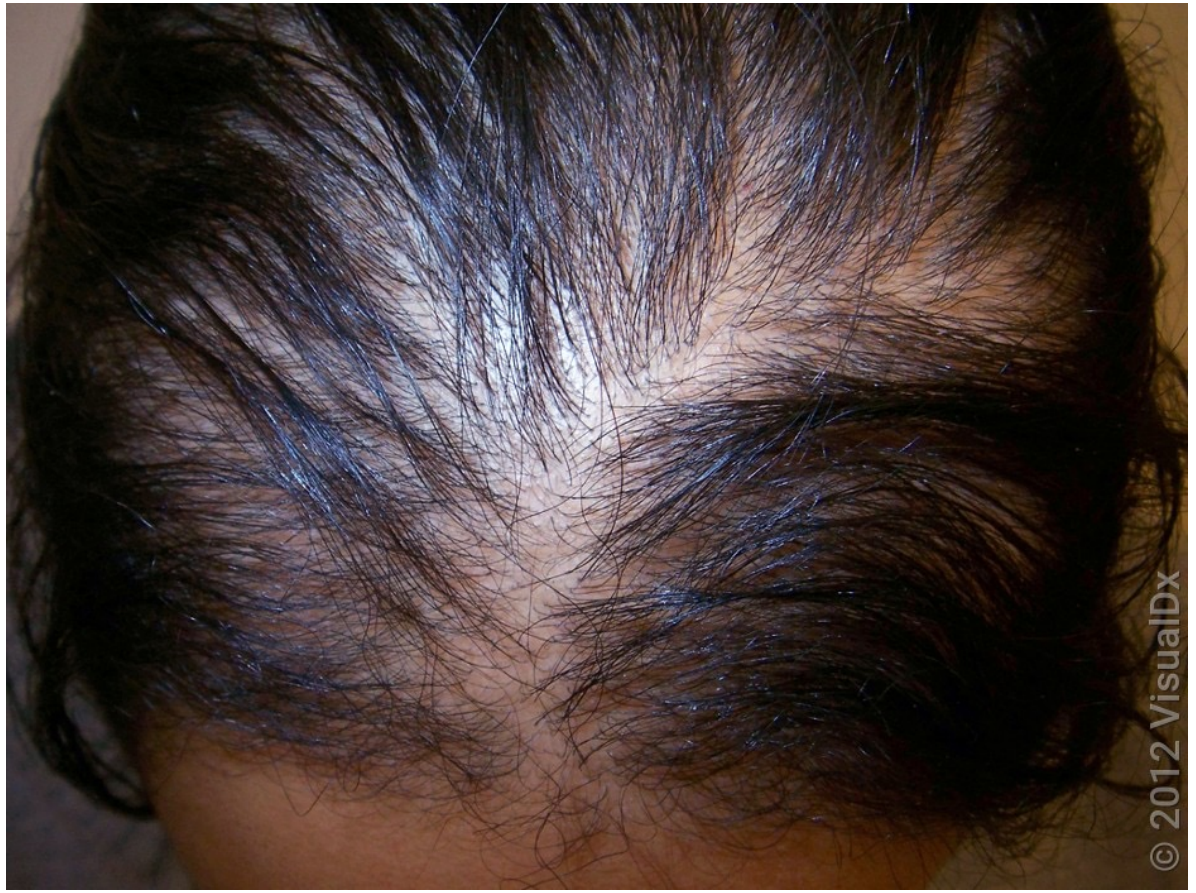


Non-scarring alopecia

- Hair loss without scarring/loss of follicular structures (sometimes reversible, but not always)
- Often multiple underlying processes contributing to hair loss
- Treatments aim to address the underlying etiology and/or promote hair growth

Androgenetic alopecia





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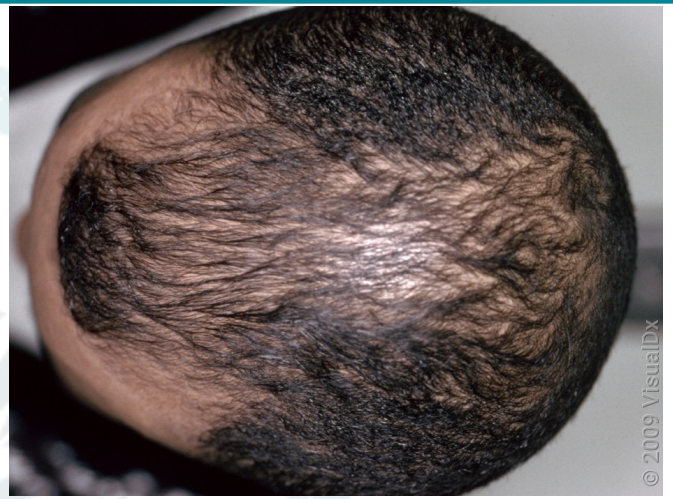
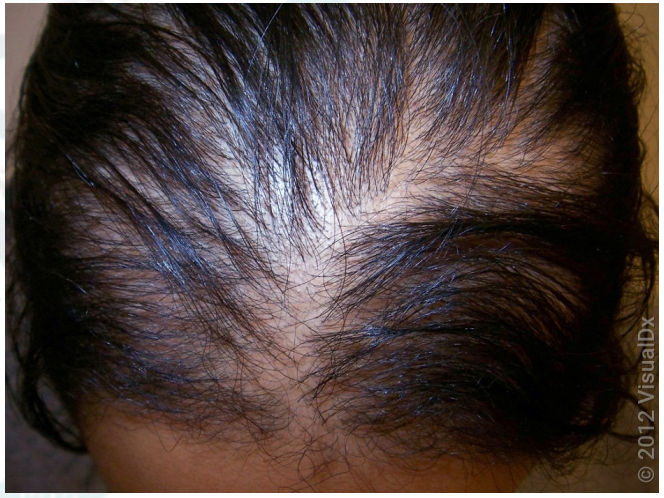




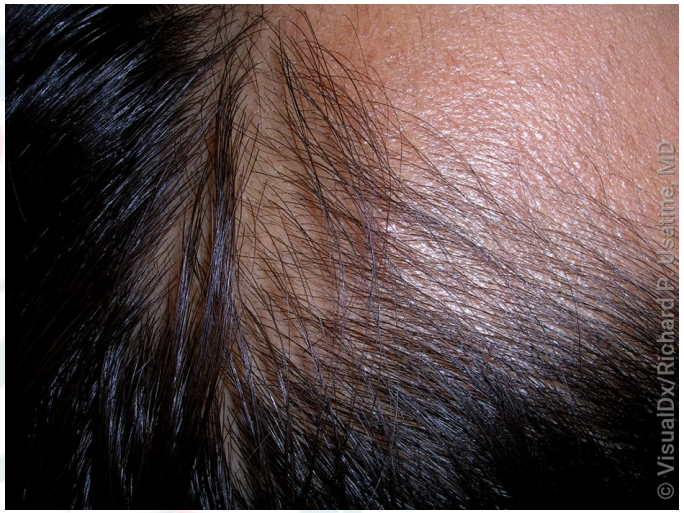
Workup

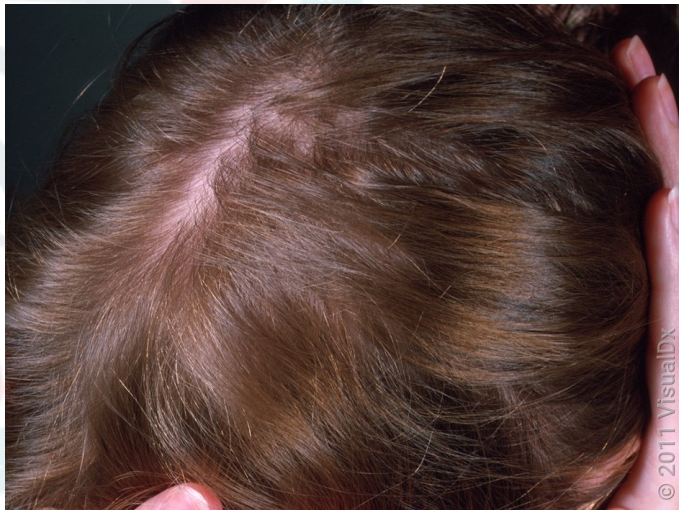
- Not necessary, unless other notable finding on history/exam

Treatment

- Set expectations; many will not regrow hair
- Topical minoxidil
- Oral minoxidil
- Oral finasteride
- Spironolactone (great option for women)

Telogen effluvium





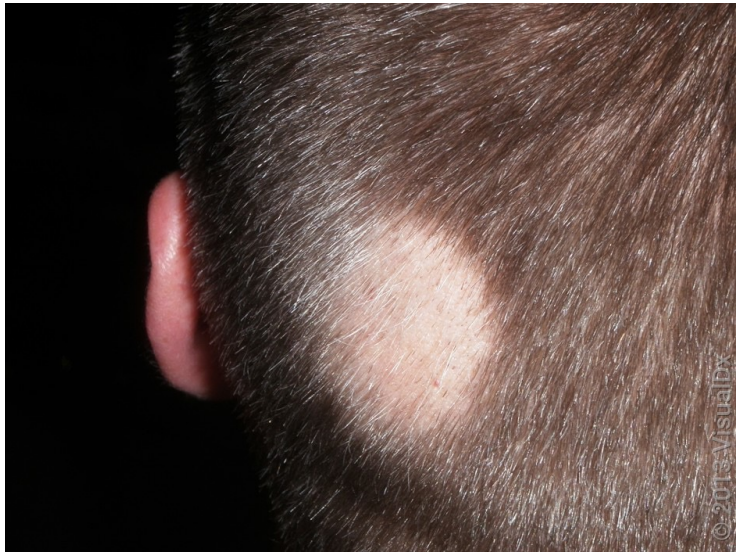
Evaluation

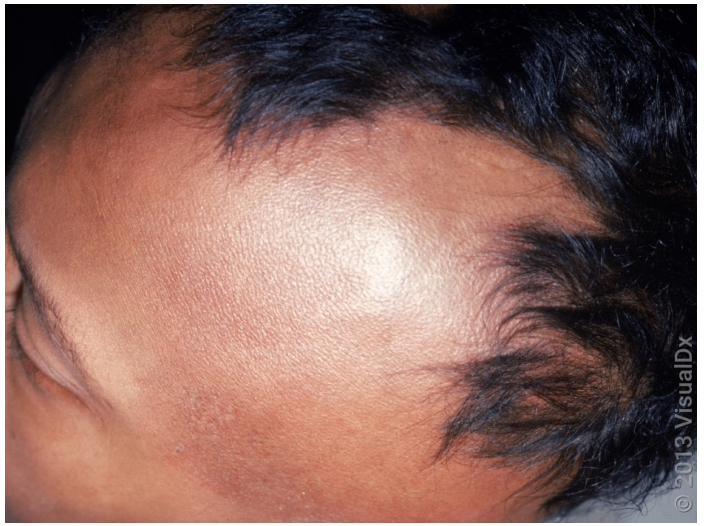
- History is key; often major stressor several months before the shedding starts
- Self-limited, although may unmask underlying AGA

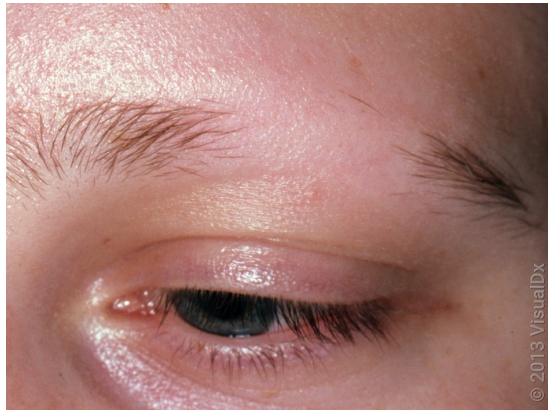
Treatment

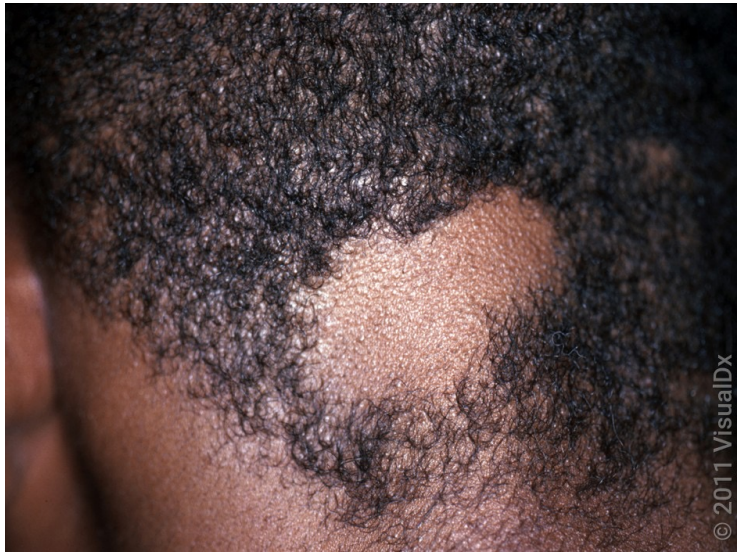
- Not necessary; optimize iron and vitamin D if needed

Alopecia areata









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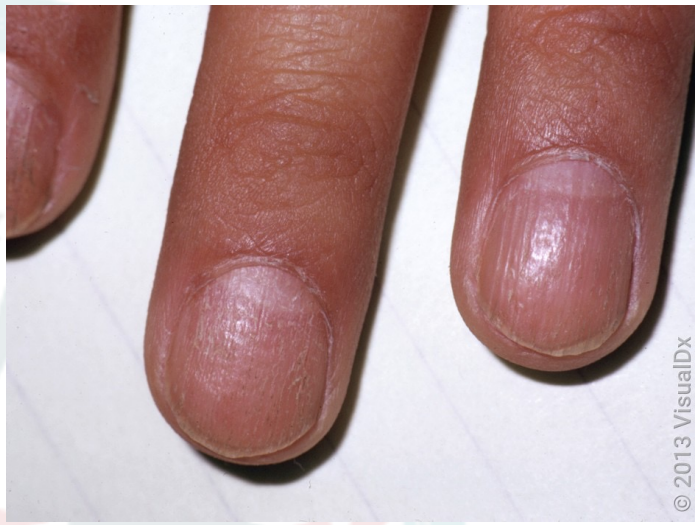
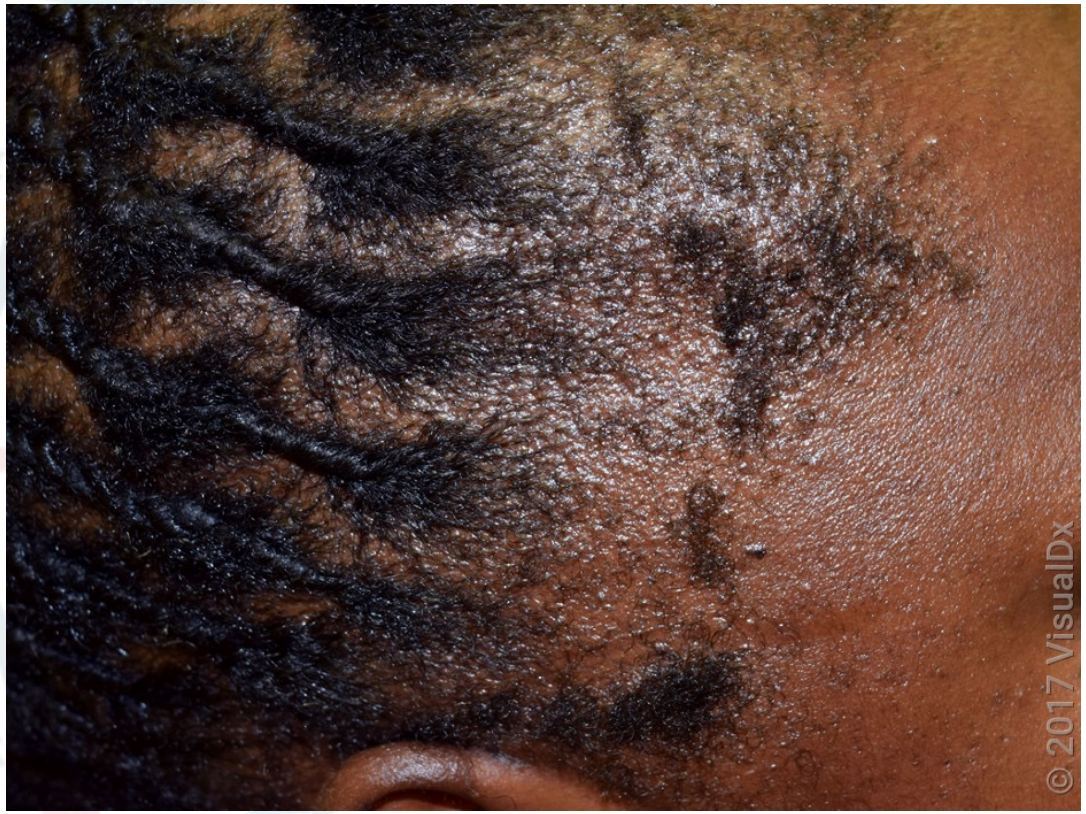
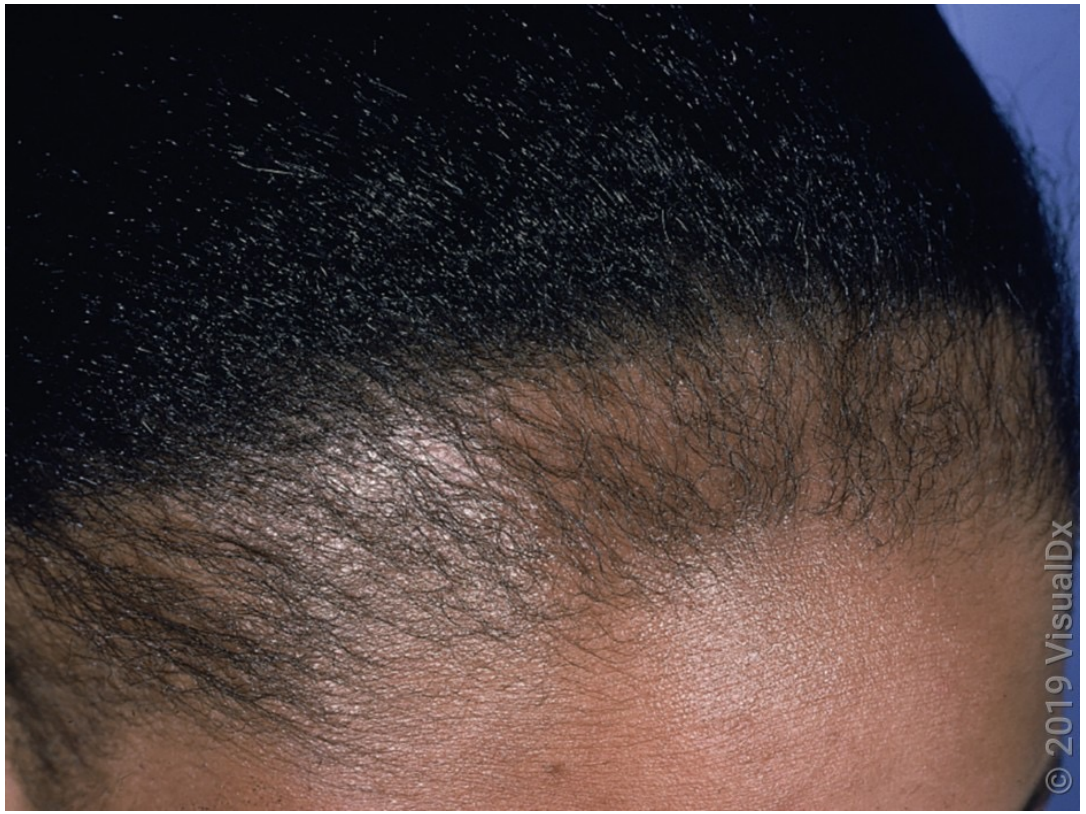


- Commonly appears in childhood, but can occur at any age
- **Sudden** loss of patches of hair
- Key features: well-demarcated patches, **no inflammation**, uniform regrowth (no broken hairs)
- Nails can be a helpful clue
- Main differential: trichotillomania
- Workup:
  - TSH and thyroid antibodies in some cases
- Treatment:
  - Children: topical high-potency steroids
  - Adults: intralesional steroids
  - Severe cases: oral JAK inhibitors

Traction alopecia





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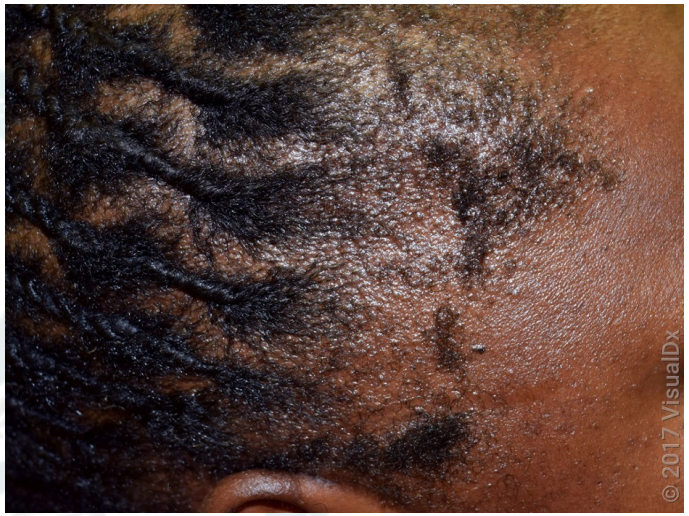
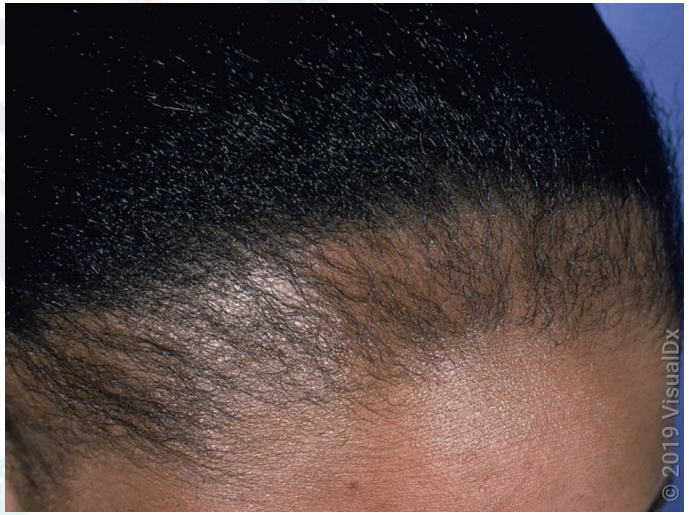
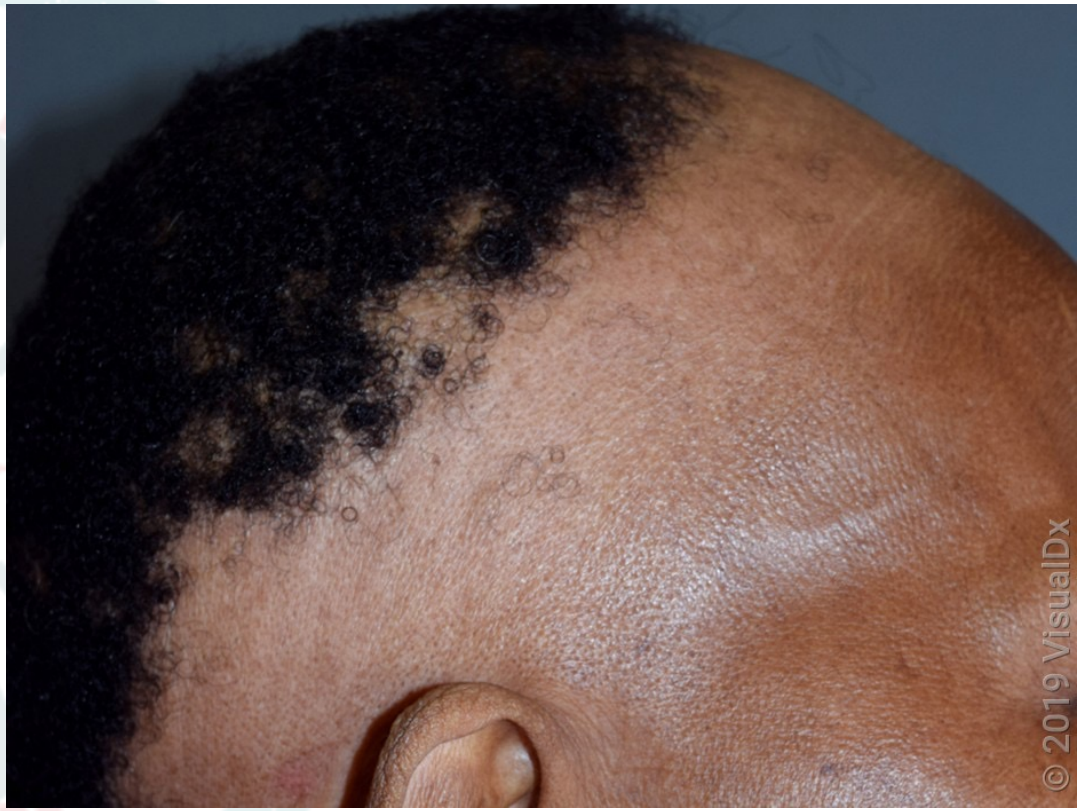
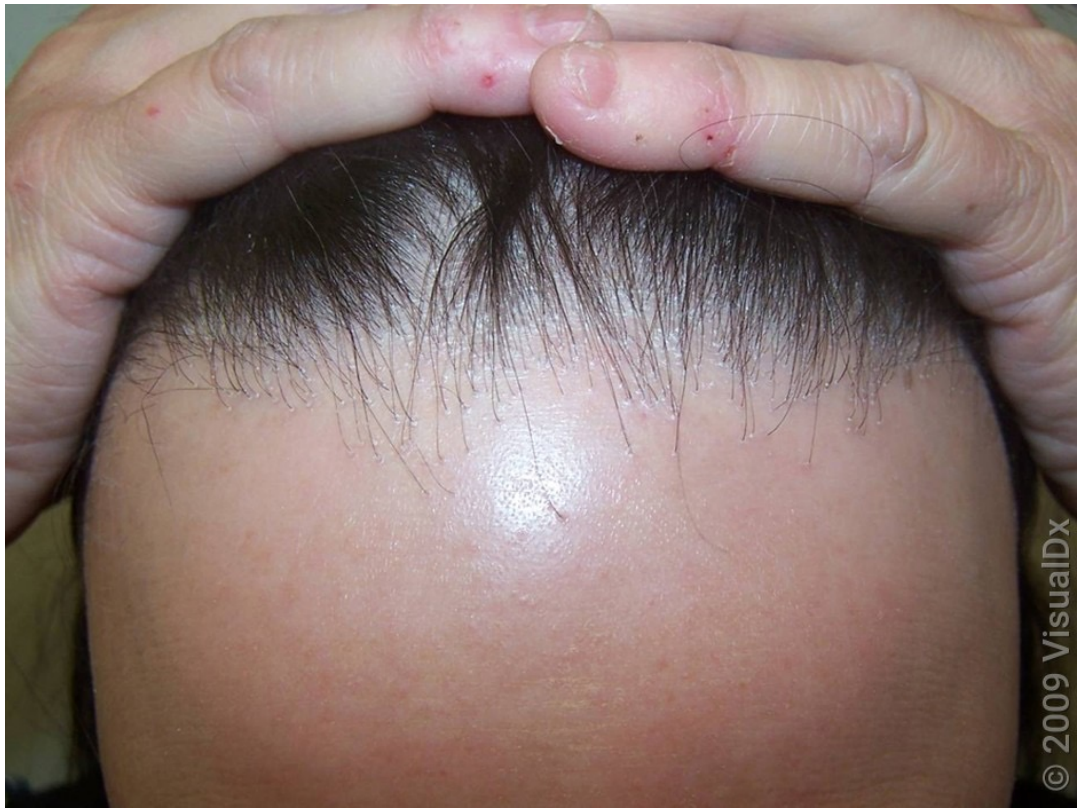




- From high-tension hairstyles
- Often will see follicular pustules and erythematous papules (helpful clue)
- Initially non-scarring, but chronic traction can become scarring
- Treatment:
  - Low-tension hairstyles
  - Topical minoxidil

Pitfall: frontal fibrosing alopecia

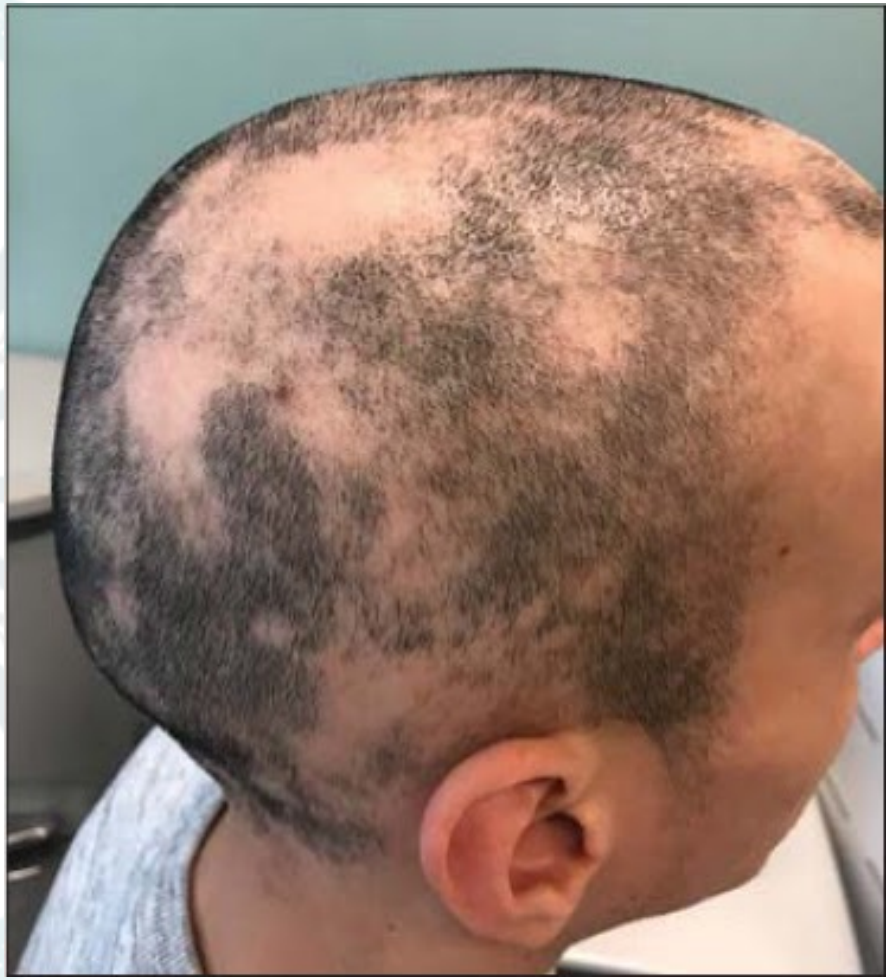




Treatments for hair loss

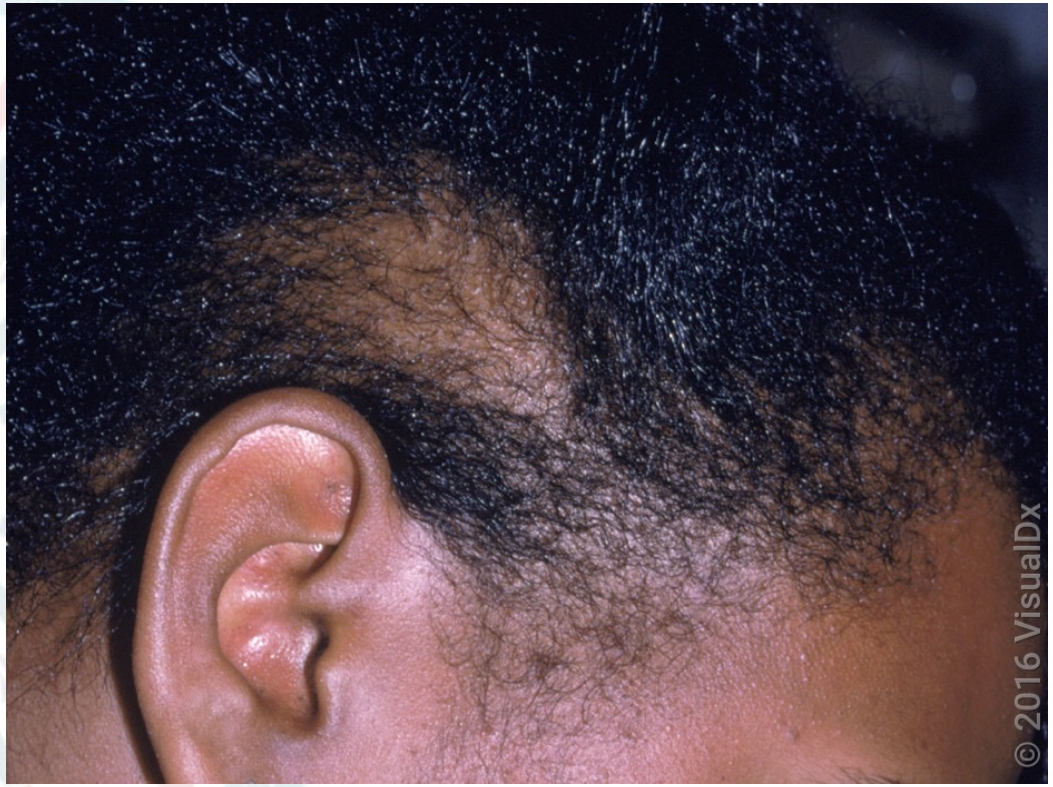
- Topical minoxidil is first-line
  - I always recommend 5% solution or foam (once daily for women, twice daily for men)
  - Paradoxical increased hair loss at first
- Oral low-dose minoxidil
  - Very well-tolerated (don't need to check screening labs)
  - For men: start at 1.25mg, increase to 2.5mg after a few weeks if tolerated, max dose of 5mg
  - For women: start at 1.25mg, max dose of 2.5mg
  - Rare side effects: leg edema, pericardial effusion
  - Caution for women: hypertrichosis
- Finasteride (men)
  - 1mg daily
  - Rare sexual side effects
- Spironolactone (women)
  - Start at 50mg, can increase to max of 200mg daily as tolerated

Case 1



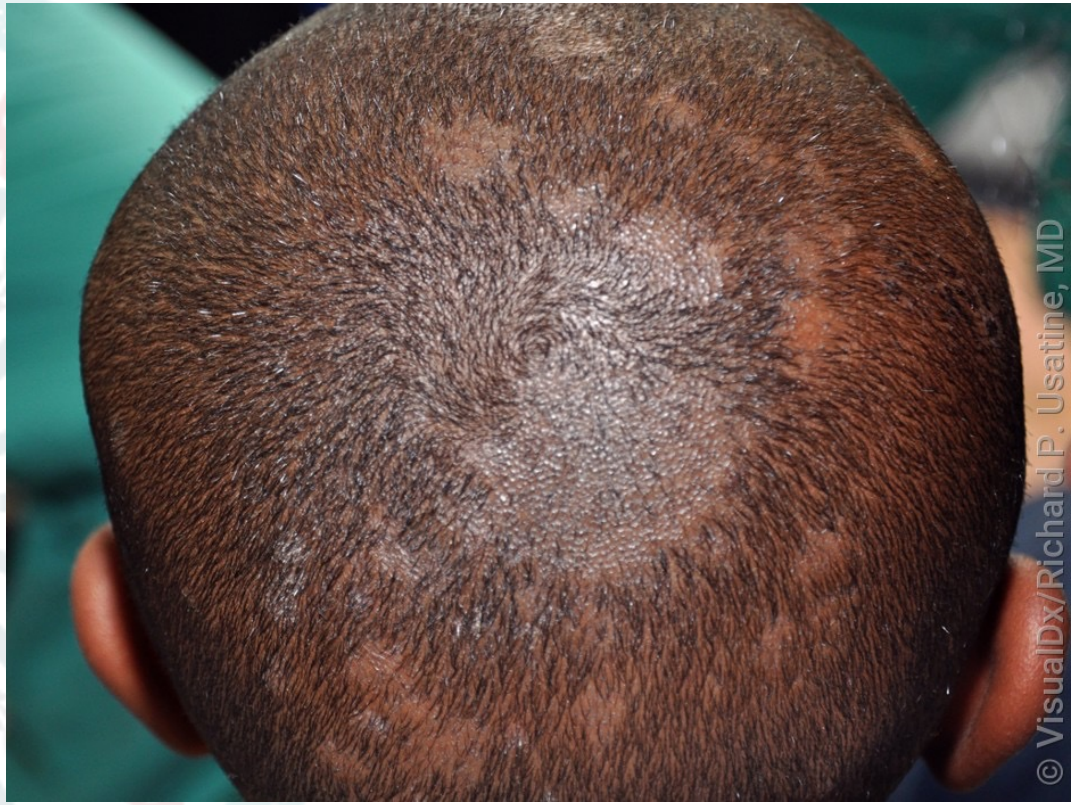
- Man in his early 30’s presenting for 1 month of hair loss
- He thinks he had a rash a few weeks ago that self-resolved

Case 2



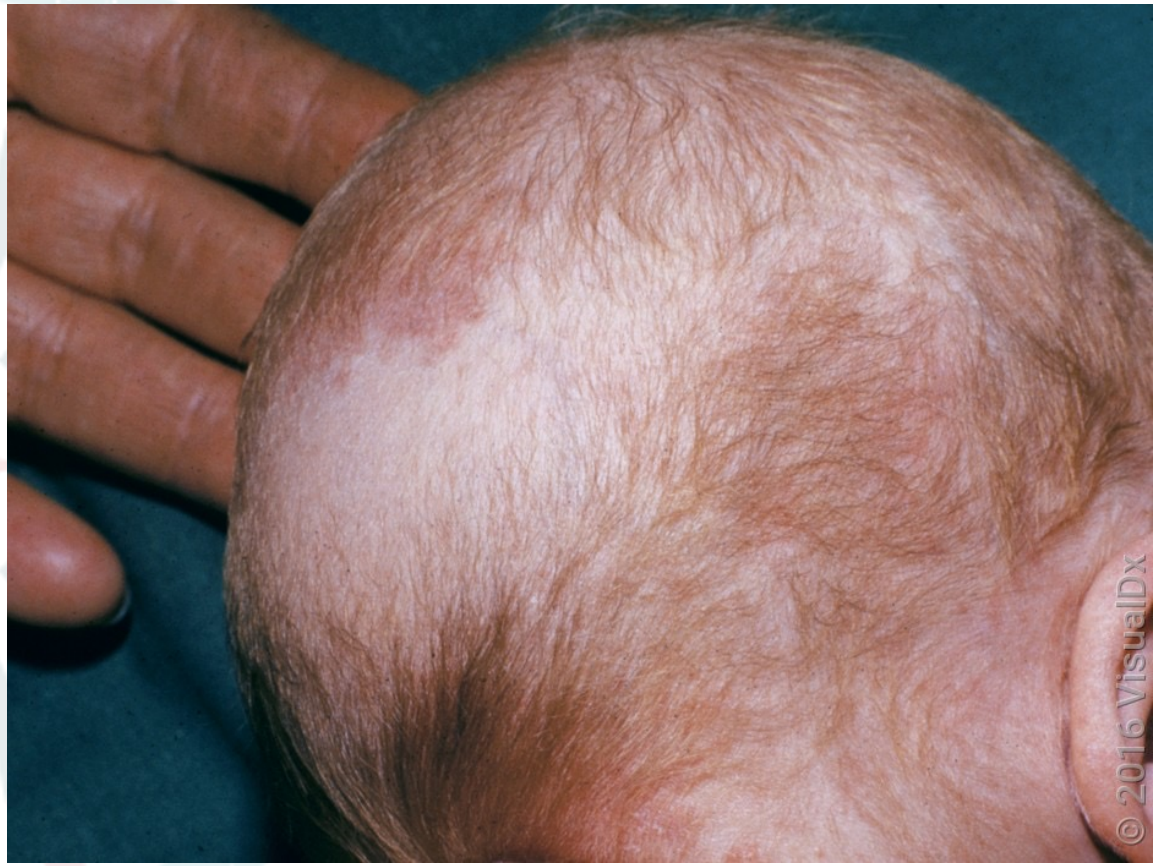
- A 4-year-old girl is brought in by her parents for a patch of hair loss as seen in the photo
- They are not sure how long it has been there, but think it has been present for at least a year

Case 3



- A 7-year-old boy comes in for a month of patchy alopecia and scalp itching

Case 4



- A 3-month-old is brought in by her parents for sudden shedding of the hair

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