ONYCHOLOGY AND TRICHOLOGY
Hair disorders II and Oral presentations
Dr. José Barrio
Alopecia areata and differential diagnosis

• Heterogeneous immune response implies different pathways

• Trichoscopy for differential diagnosis
  • Anagen hairs

• The most common are:
  • Telogen effluvium
  • Secondary syphilis
  • Frontal Fibrosing Alopecia
  • Cicatricial alopecias
  • Tinea capitis
Alopecia areata and differential diagnosis

- ≤ 50% affected:
  - Topical steroids
  - Minoxidil
  - Triamcinolone. Not extensive, not chronic
- ≥ 50% affected:
  - Contact immunotherapies
  - Wigs and interlace systems
  - Semi-permanent make-up and nanofibers
- JAK inhibitors (tofacitinib and ruloxitinib). Relapses
- PRP, abatacept, simvastatine/ezetimide not enough evidence
- Eyelashes/brows: Triamcinolone, bimatoprost
Iatrogenic alopecias and their prevention

• Physically induced:
  • Pressure hair loss. Long operations, long hospitalization
  • Halo scalp ring. Birth trauma
  • Transient neonatal hair loss

• Chemically (drug) induced:
  • Anagen effluvium. Anticancer treatment mostly
    • Prevention by scalp cooling devices + minoxidil
  • Telogen effluvium. Many drugs
    • Lithium the most common and antidepressants
    • Minoxidil for treatment
Treatment options for androgenetic alopecia

Female pattern hair loss

- 40% with telogen effluvium: Drugs, stress
- ≤ 20% affected surface:
  - Minoxidil 5%
  - Finasteride 2,5mg – 5mg. Avoid in breast cancer
- 20-50% affected:
  - Same + spironolactone 50mg BID
- ≥ 50% affected:
  - Same + hair transplantation
  - Dutasteride 0,5mg/d for finasteride
  - Oral contraceptives: Ciproterone and drospirenone better
Treatment options for androgenetic alopecia

Male pattern hair loss

• Finasteride 1mg + minoxidil 5%
  • No higher finasteride concentration
• Dutasteride 0,5mg/d if no regrowth
• Hair transplantation
• PRP 2 injections in a month interval and see
  • Contains many growth factors. Undergoing trials
• Microneedling. Stimulates neo-angiogenesis
  • May need deeper needles
• Laser. Not enough evidence
Frontal Fibrosing Alopecia: A retrospective clinical review of 40 patients treated with intralesional triamcinolone injections

- From July 2012 till October 2016
- All caucasian female patients
- Mean age 65. 87,5% postmenopausal
- Almost all (39) in combination treatment

Results:
- 38 remained stable
- 2 patients worsened
- It is not clear whether the effect was due to the triamcinolone or to other topical and/or systemic agents
Frontal Fibrosing Alopecia and Female Pattern Hair Loss: Association or a distinct pattern?

- The authors sought to determine the incidence of Female Pattern Hair Loss (FPHL) in their series of Frontal Fibrosing Alopecia (FFA) patients
- 30 female patients with FFA
- 77% postmenopausal
- FPHL in 67%
- The pathogenesis of FFA might be related to the events underlying FPHL
- FFA could be a scarring variety of FPHL
- Potential role for androgens in the development of FFA

K. Diamantini et al. University of Athens Medical School and others