



# NOTES

## HAIR-RELATED DISEASES

### GENERALLY, WHAT ARE THEY?

#### **PATHOLOGY & CAUSES**

- Conditions affecting either total number of hairs/thickness of hair on body
- Scalp most commonly affected

#### **DIAGNOSIS**

- See individual diseases

#### **SIGNS & SYMPTOMS**

- See individual diseases

#### **TREATMENT**

- See individual diseases

## ALOPECIA AREATA

[osms.it/alopecia-areata](https://osms.it/alopecia-areata)

#### **PATHOLOGY & CAUSES**

- Chronic localized hair loss, generally on scalp; autoimmune-related
- May occur at any age, but > 30 years old in most cases; lifetime prevalence 2%

#### **CAUSES**

- Exact mechanism unclear; hypothesized
  - T cells release cytokines, chemokines → normal hair cycle disrupted → hair loss
- Spontaneous regrowth of hair possible, often within one year

#### **RISK FACTORS**

- Genetic
  - Close family members, history of autoimmune conditions

#### **SIGNS & SYMPTOMS**

- Usually smooth, circular patches of hair loss, but can be any shape
- Can be accompanied by nail changes
  - Nail pitting, roughening/longitudinal fissuring of nail plate
- Associated with other autoimmune conditions
  - Psoriasis, vitiligo, thyroid disease

#### **DIAGNOSIS**

#### **LAB RESULTS**

- Biopsy (unclear cases)
  - Peribulbar lymphocytic inflammatory infiltrates characteristic
  - Follicular edema, cellular necrosis, microvesiculation, pigment incontinence

## OTHER DIAGNOSTICS

- Based on timeline of events, physical examination (exclamation point hairs)
  - Short, broken hairs around area of hair loss
  - Narrower proximal than distal end
  - Dermatoscope may make hairs easier to spot

## TREATMENT

- Treatment unreliable, temporary; no cure

## MEDICATIONS

- Intralesional steroid injections of triamcinolone acetonide
- Topical agents including 5% minoxidil solution/topical steroids



**Figure 4.1** The clinical appearance of the scalp in a case of alopecia areata.

# TELOGEN EFFLUVIUM

[osms.it/telogen-effluvium](https://osms.it/telogen-effluvium)

## PATHOLOGY & CAUSES

- Periodic episodes of increased hair thinning/shedding due to altered follicle growth cycle
  - Occurs during follicles' telogen (resting) phase

## CAUSES

- May be related to
  - Recent stressor (e.g. major illness/surgery)
  - Drugs/toxins
  - Nutritional deficiencies

## SIGNS & SYMPTOMS

- Non-scarring, diffuse < 50% hair loss
- Nail changes
  - Deep grooved lines running from side to side may be present

## DIAGNOSIS

### OTHER DIAGNOSTICS

- Determine timeline of stressors, recent events, drug/medication usage, course/characteristics of hair loss
- Hair-pull test
  - Grasp 50–60 hairs → tug lightly
  - If > 6–10 hairs extracted, test = positive
  - Telogen hairs confirmed by microscopic examination

## TREATMENT

- Sometimes self-correcting

### OTHER INTERVENTIONS

- Reduce stressors, improve diet, handle hair carefully



**Figure 4.2** The clinical appearance of the nails in a case of telogen effluvium.