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INDIAN ASSOCIATION OF DERMATOLOGISTS VENEREOLOGISTS & LEPROLOGISTS

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IADVL SIG DERMOSCOPY (IADVL Academy) Newsletter

TRICHOSCOPY, Jan-March 2021

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From Editor's Desk

Dr Satish Udare

I am really very happy to publish this newsletter of SIG dermoscopy of IADVL Academy

Dermoscopy of hairy areas or trichoscopy as it is called has revolutionized practice of trichology. It has given us insight-pun indicated –into hair and scalp. Way back when we used to get patients with hair loss we had scarring alopecia-mostly grouped under "pseudopelade" or non-scarring mainly alopecia areata or male pattern baldness. We improved little by doing pull tests and other things but with trichoscopy now we can differentiate various types of these alopecias more convincingly, tell our patients the cause and eventually prognosis. We can differentiate 'frontal fibrosing alopecia, chronic telogen effluvium and many more. With trichoscopy we have improved our diagnostic acumen in trichology. It can also tell us exact area to be biopsied. We can prognosticate outcome of our therapies in these conditions. . And not only do we get convinced but can make patient convinced about it.

In this newsletter we give you latest on this subject, some case studies and test yourself a little by riddles and crossword. You will enjoy the cartoons too. Long live IADVL, SIG dermoscopy.

Dr Satish Udare
Former HOD and Prof MGM Medical College, Navi Mumbai
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Vashi Navi Mumbai and Thane

What's new?

A. Trichoscopy based scales and scores

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1 Trichoscopic activity scale for folliculitis decalvans (FD): This scale has been formulated to predict the severity of disease based on certain trichoscopic features. Trichoscopic features with statistically significant correlation to clinical severity of disease are given a score. The final scores range from 0 to 3 with higher scores indicating greater disease activity (Table 1). Scores of three, two and one point towards severe, moderate and mild outbreaks, respectively, while a score of zero indicates controlled disease.[1]

Table 1: Trichoscopic activity scale for folliculitis decalvans

Trichoscopic signs	Trichoscopic findings	Score
Yellow signs	Follicular pustules	+2
	Yellow tubular scaling	+1
	Yellow crusts	+1
Red signs	Perifollicular erythema (>50% of follicular units)	+1
	Perifollicular hemorrhages	+1
	Thin arborizing vessels (thinner than hair shafts)	-1

Interpretation of total score: 3 = Severe activity, 2 = Moderate activity, 1 = Mild activity

2) Alopecia areata predictive score (AAPS): AAPS is a trichoscopy based scoring to predict treatment response in patients with alopecia areata. Negative markers for hair regrowth include black dots, broken hairs, exclamation mark hairs and tapered hairs. Positive factors include upright regrowing hairs and pigtail hairs. Each positive factor is given a score of +1 and each negative factor a score of -1. AAPS is calculated by adding the individual scores. The final score ranges from -4 to +2, with higher score predicting better prognosis (Table 2).[2]

Table 2: Probability of hair growth based on AAPS score

Score	Probability of hair growth
4	0%
-3	0.3%
-2	2.1%
-1	13.2%
0	52.3%
1	88.7%
2	98.3%

3) Trichoscopy derived Sinclair scale (TDSS): Visual assessment of Sinclair scale with unaided eye has been accepted traditionally as it is quick to perform and gives acceptable results. However, Sinclair scale determined using trichoscopy is more sensitive, objective and reproducible. TDSS is derived from hair midline density calculated from cumulative hair thickness density (CHTD) measured using trichoscopy.[3] CHTD indicates the total diameter of hair growing in a scalp area unit.

$$TDSS = 3.9 \times \log(1/CHTD) + 2.4$$

The TDSS correlates well with visually assessed Sinclair scale, with the additional benefit of being objective and reproducible.

4) Hair distribution width: The utility of hair shaft diameter variation (HSDV) in androgenetic alopecia is limited as it dichotomizes hair into terminal and vellus. Hairs which are undergoing miniaturization or reversal will not affect the HSDV until the critical diameter of 30 μm is reached. An alternative trichological parameter called 'hair distribution width (HDW)', defined as the ratio of hair shaft diameter standard deviation over mean diameter, expressed as a percentage, has been suggested to quantify the variability of hair shaft diameter.[4] HDW captures elusive changes in hair diameter that would be missed in HSDV. Using HDW in combination with HSDV increases the diagnostic accuracy of trichoscopy in cases of AGA.

5) Female pattern hair loss severity index (FPHL-SI) includes four evaluation items—the amount of hair shedding, midline hair density, hair diameter variation, and difference in proportion of single hair per follicular unit between the frontal and occipital scalp. Hair shedding less than 200 hairs per day and negative pull test is graded as zero while positive pull test gains 2 points. Midline hair density is assessed as per Sinclair's midline hair density scale. On trichoscopy, a hair diameter variation of <20% grosses a score of zero while a variation of more than 20% is scored as 5. No difference in number of hair emerging from follicular unit between forehead and occipital area is scored as zero, a difference of more than 25% is assessed as 1 point, and difference of more than 50% contributes 2 points to the score.[5,6]

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B. Snippets And Pearls

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- **Trichoscopy in the Differential Diagnosis of Pseudonits**

Lacarrubba F, Verzì AE, Micali G. Trichoscopy in the Differential Diagnosis of Pseudonits. Skin Appendage Disord. 2019; 5(3):142-145.

In 30 cases, trichoscopy confirmed the suspicion of head (24 cases) or pubic (6 cases) lice, whereas in 12 cases it allowed for a final diagnosis of seborrheic dermatitis (5 cases), hair casts (3 cases), trichobacteriosis (2 cases), white piedra (1 case), and trichorrhexis nodosa (1 case), by showing different types of pseudonits.

- **Trichoscopic findings of frontal fibrosing alopecia on the eyebrows: study of 151 cases**

Anzai A, Pirmez R, Vincenzi C, Fabbrocini G, Romiti R, Tosti A, Trichoscopic findings of frontal fibrosing alopecia on the eyebrows: study of 151 cases, J Am Acad Dermatol (2020).

:https://doi.org/10.1016/j.jaad.2019.12.023.

Results: The most frequent trichoscopic signs were yellow dots in (92.7%), multiple pinpoint dots in (79.5%), short thin (vellus) hairs in (76.2%), black dots in (66.2%), and dystrophic hairs in 47 (60.9%) patients. Tapering hairs were found in 21 (13.9%) and dystrophic hairs in 92 48 (60.9%) patents.

- **Trichoscopy Features of Trichotillomania**

Martín JM, Montesinos E, Cordero P, Gonzalez V, Ramon D. Trichoscopy features of trichotillomania. Pediatr Dermatol 2019; 36(2):265-267

Trichotillomania is a form of traction alopecia resulting from repetitive and compulsive hair pulling and plucking. Trichotillomania and patchy alopecia areata may have similar clinical and dermoscopic features in some cases. On trichoscopic examination, the presence of black dots, coiled or hook hair, shafts of varying lengths with fraying or split ends (trichoptilosis), and yellow dots are suggestive of trichotillomania.

- **Trichoscopy of Tinea Capitis: A Systematic Review**

Waśkiel-Burnat A, Rakowska A, Sikora M, Ciechanowicz P, Olszewska M, Rudnicka L. Dermatol Ther (Heidelb). 2020 Feb; 10(1):43-52

Of 326 articles, 37 were considered eligible for the quantitative analysis. The most characteristic (with a high predictive value) trichoscopic findings of tinea capitis included comma hairs (51%), corkscrew hairs (32%), Morse code-like hairs (22%), zigzag hairs (21%), bent hairs (27%), block hairs (10%) and i-hairs (10%). Other common, but not characteristic, trichoscopic features were broken hairs (57%), black dots (34%), perifollicular scaling (59%) and diffuse scaling (89%). Morse code-like hairs, zigzag hairs, bent hairs and diffuse scaling were only observed in *Microsporum* tinea capitis (8/29, 28%; 6/29, 21%; 4/29, 14% and 4/29, 14%, respectively). In *Trichophyton* tinea capitis, corkscrew hairs were more commonly detected compared to *Microsporum* tinea capitis (21/38, 55% vs. 3/29, 10%).

C. Technical Pearls in Trichoscopy

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Trichoscopy is a very useful diagnostic tool in the evaluation of hair disorders. Traditional trichoscopy involves the study of follicular, inter-follicular, pigmentary, and vascular and hair-shaft patterns using a polarized dermoscope/trichoscope. However, at times, slight modifications in the traditional art of trichoscopy may be required to optimize its role. The various technical modifications and advancements are discussed below:

1. **Dynamic Trichoscopy**: The predominant representation of trichoscopy is based on capture of images at a particular time in the disease process and not on evolution of disease and response to treatment. Dynamic (and sequential) trichoscopy caters to this issue. The term dynamic trichoscopy is proposed for the following: (1) the use of trichoscopy for invasive diagnostic (biopsy) or therapeutic (intralesional therapy or surgical) procedures in hair and scalp disease, (2) the monitoring of therapy in both non-inflammatoryand inflammatory scarring alopecia, and (3) the appreciation of disease-specific evolution over time.[1] As is clear from the definition, the practice of performing trichoscopy need to be more comprehensive in not just diagnosing a disease but also in assessing the disease evolution and response to treatment.

2. **Trichoscopy guided biopsy**: Various methods have been described to aid the clinician in performing biopsy under the vision of dermoscope. These can be used in scalp as well for trichoscopy guided biopsy. A muselet or a syringe barrel are easily available tools to assist the same.[2,3]

3. **Panoramic Trichoscopy**: The usual limitation of scoping only a small area of scalp with traditional trichoscopy is done away with panoramic trichoscopy. For panoramic trichoscopy, the dermoscope is attached with a Smartphone (having panoramic mode or similar application). After the panoramic mode of the Smartphone is switched on, the dermoscope is scrolled across the area to be evaluated. This gives a panoramic trichoscopic view of the entire lesion.[4]

4. **Polarizing trans-illumination and cross polarization trichoscopy**: The evaluation of hair shaft disorders can be made interesting and effective. In the first method, a light-emitting diode from a mobile phone is projected through a polarizing dermoscope to create polarized light. The hair specimen for trans illumination is then placed over the first dermatoscope.[5] A second polarizing dermoscope can then be used to view the hair sample.[5] In the second method, the specimen can be placed on a mirror. When simply viewing the specimen using a polarizing dermoscope, polarizing light reflects off the mirror to trans illuminate the hair sample.[6]

5. **Ultraviolet light enhanced Trichoscopy**: Ultraviolet light enhanced trichoscopy (UVET) uses UV type A long wave (wavelength peak at 365 nm) which generates a characteristic fluorescence in the presence of certain skin conditions. Propionibacterium acnes, generates a red-orange fluorescence caused by the production of porphyrins when illuminated with this UVET. The presence of 'starry night sky pattern' in frontal fibrosing alopecia indicates presence of Propionibacterium acnes in follicular infundibulum. This is considered to be a good prognostic factor for hair regrowth.[7]

6. **Follicular Maps**: The demand for a method to identify same site on scalp for subsequent trichoscopic examinations is long overdue. The concept of follicular map (FMaps) provides a novel approach to this problem.[8] Determination of relative position of all follicular openings form a follicular map. FMaps are unique for specific locations on the scalp. These FMaps are unaffected in non-cicatricial alopecias and natural ageing. Thus, FMaps can be used to evaluate disease progression and treatment efficacy by doing trichoscopy at the same site on subsequent visits.

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Trichology through Trichoscopy – Better vision, better results!

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Trichology has always been an esoteric sub specialty for the Dermatologist which often requires targeted evaluation. Compared to the days of specialty training where we invariably have resources like a side lab for microscopic examination of the hair, a consultant practice has limitations. The patients generally want a quicker diagnosis with minimum invasive procedures. To this end, trichoscopy is a boon like no other. I would like to share with you a few instances where Trichoscopy has made my professional practice more efficient.

Well defined trichoscopic parameters of patterned alopecia, telogen effluvium and alopecia areata makes definitive diagnosis easier. Peripilar halos and miniaturization of hairs on trichoscopy helps you identify androgenic alopecia in the earlier stages. Even if clinical diagnosis of alopecia areata is straightforward in most cases, Trichoscopy findings like black dots and micro exclamation marks reflect more severe course of disease and is beneficial in planning treatment accordingly.

Difficult to differentiate clinical presentations like trichotillomania, tinea capitis with atypical or treatment modified features can also be made lucid by trichoscopic examination. The cross over to cicatricial or scarring stage in these conditions can be picked up by trichoscopy early on.

Paucity of follicular openings that herald the development of obvious scaring when identified on Trichoscopy gives you a chance to reverse the pathological process. An added advantage is Trichoscopy-guided biopsy which improves diagnostic yield. For example, identification of vascular changes in DLE lesion of scalp by trichoscopy, gives you the specific site for sampling for histopathology which can clinch the diagnosis and institute treatment before the scarring process sets in. Even a quick trichogram can be undertaken in indicated cases by examining hair roots by trichoscope.

Scalp changes that are liable to be missed because of the visual compromise by hair can be easily identified and correctly discerned between the clinical mimickers like scalp psoriasis, seborrheic dermatitis, allergic contact dermatitis.

Last but not least, it is easier to educate the patients regarding their condition and counsel them for proper management by sharing the trichoscopy images with them. Same way, we can show treatment response images after procedures like micro needling and platelet rich plasma therapy even before the results are visible by naked eye examination. Thus trichoscopy is undoubtedly a great value addition to dermatology practice and I urge you all to take up the same.

Case Studies

Trichotillomania: Case series

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Introduction

Trichotillomania (TTM) is a chronic impulse control disorder characterized by repetitive hair pulling resulting in alopecia(1). In young children it is a habit, but in adults it is evidence of some form of psychological or behavioural stress(2). Differentiating TTM from other causes of alopecias is very challenging. Here we have discussed three case scenarios.

Case 1

An 8-year-old girl came with patchy loss of hair over scalp since 6 months. Parents complained of repeated pulling of hairs from scalp (Figure1). Examination revealed two patches of about 2 to 3 cms over occipital areas. Trichoscopy revealed broken hairs at different length, black dots, mace hair and flame hairs (Figures 2, 3). Based on clinical history a diagnosis of TTM was made and it was confirmed by the characteristic trichoscopic features.

Figures 1, 2,3

Case 2

A twenty- two-year female presented with multiple patches of hair loss over scalp since last two years (Figure 4). She and her relatives deny hair pulling. She appeared disinterested in surroundings. Examination showed multiple patches of hair loss ranging from 2 to 5cm.Trichoscopy demonstrated broken hairs, black dots, regrowing hairs, trichoptilosis, peri - follicular hemorrhages and flame hairs (Figures 5, 6). A diagnosis of TTM with anxiety disorder was made.
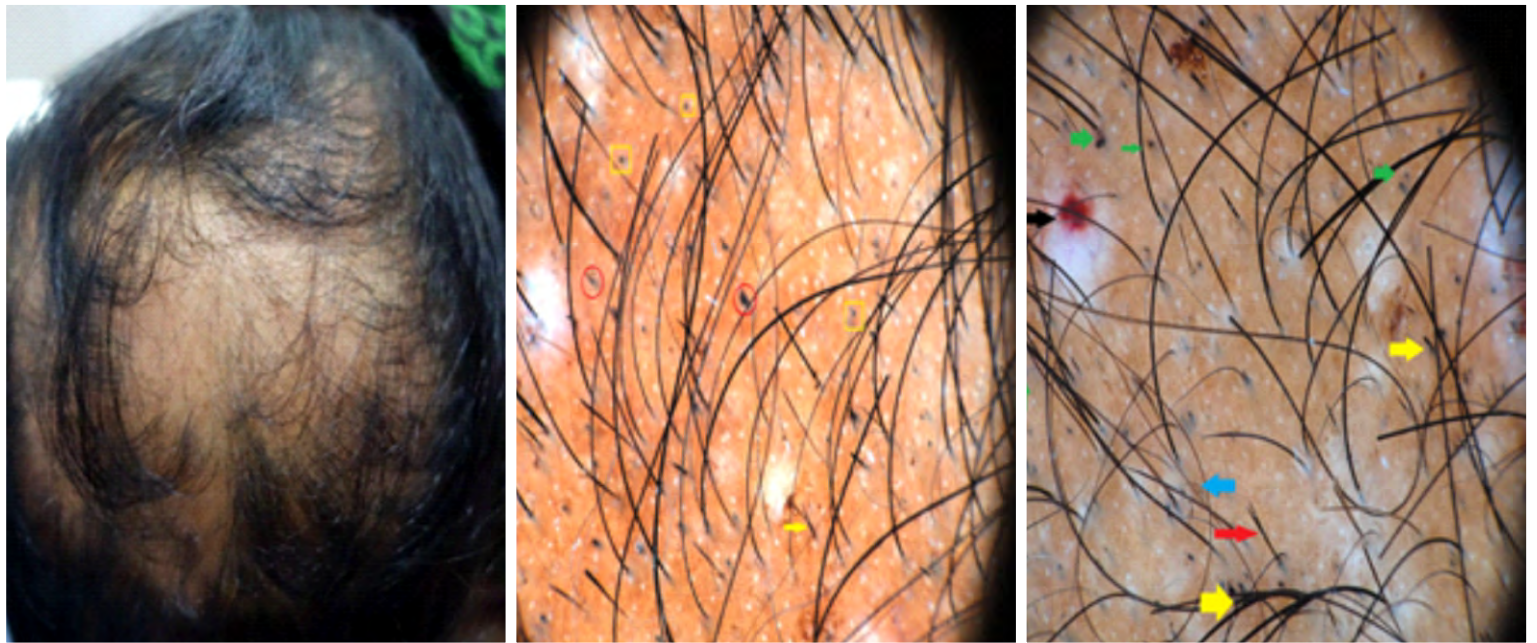
 Figures 4, 5, 6

Case 3

A 52-year-old female complained of itching over scalp due to some insects in her head. She kept picking her scalp to catch the insect and frequently washing hair. Examination revealed diffuse hair loss (Figure 7). Trichoscopy showed broken hairs, black dots, perifollicular hemorrahges, broken hairs and tulip hairs (Figures 8, 9). The patient was diagnosed to have TTM with delusional parasitosis.
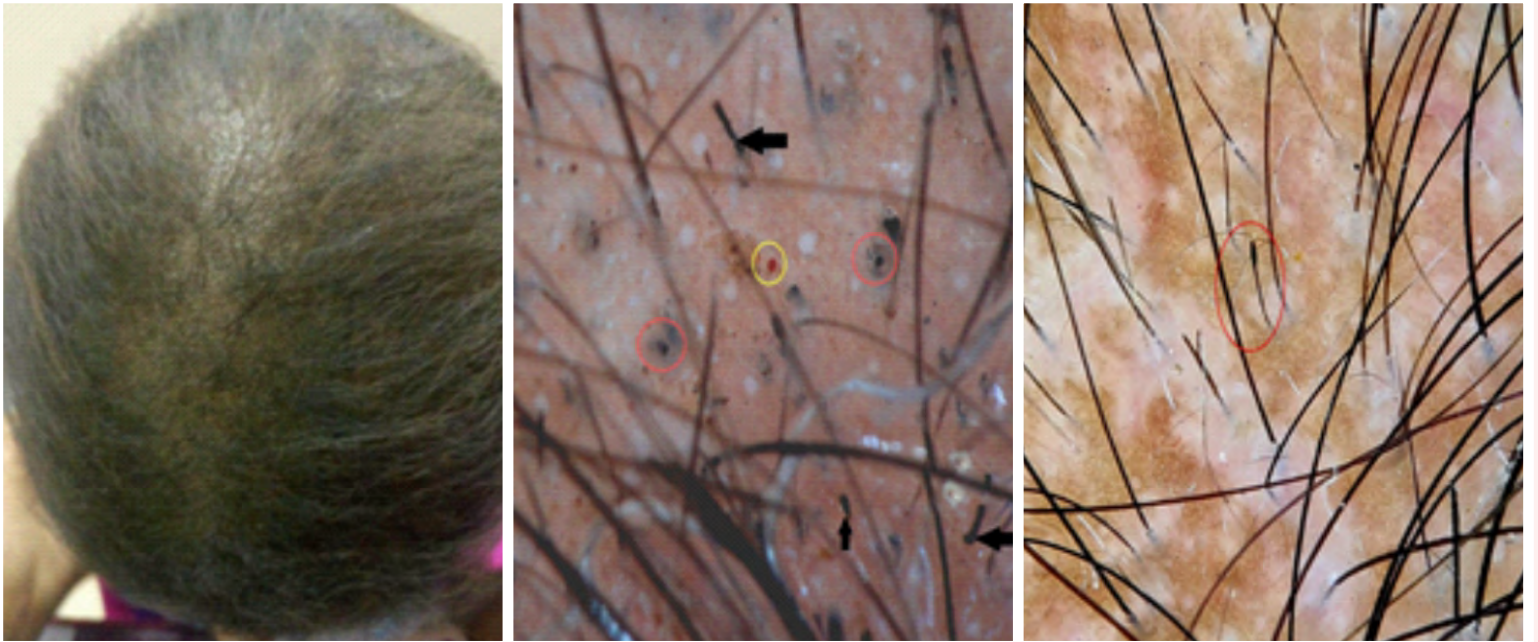
Figures 7, 8, 9

Discussion

Trichotillomania is often chronic and difficult to manage. Patients may attempt to disguise the condition due to its social implications(4,5). In case 2, patient and relatives denied pulling of hairs and were reluctant to take psychiatric consultation. Trichoscopic findings helped us in convincing the patient and hence comply with treatment. In case 3, trichoscopy helped us to assure patient and relatives about absence of any insects and counsel them to take psychiatric consultation.

To conclude, trichoscopy significantly improves the accuracy of the diagnosis by demonstrating characteristic patterns. It provides evidence to prove the diagnosis and convince patients and has a prognostic value.

Common Trichoscopy patterns of TTM(3,4)

Decreased hair density	
Hairs broken at different lengths damage to the cuticle	irregular and repetitive pulling of hairs leading to
Short hairs with trichoptilosis ("split ends") damage to cuticle	
Irregular coiled hairs	
Upright re-growing hairs	
Black dots - remnants of hair shafts arising from broken hairs.	
Haemorrhages - due to traumatic forced plucking	
Flame hair - semi-transparent, wavy and cone- shaped hair residues,	
V-sign - two hairs pulled simultaneously and break at the same length	
Tulip hairs - short hairs with darker tip develop when a hair shaft fractures diagonally	
Hair powder - sprinkled hair residue	
Burnt match stick hair - proximal end appears dark and bulbous	
Mace hair – uniform in diameter and pigmentation with bulging at distal end.	

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Legends

Figure 1: Clinical picture showing patchy loss of hair over scalp.

Figure 2: Trichoscopy of trichotillomania shows broken hairs, black dots (yellow circle), flame hair (orange square)

Figure 3: Trichoscopy of trichotillomania shows broken hairs and mace hair (red circle).

Figure 4: Clinical picture showing patchy loss of hair over occipital area.

Figure 5: Trichoscopy of trichotillomania shows broken hairs at different lengths, black dots (yellow square), flame hairs (red circles), and trichoptilosis (yellow arrow).

Figure 6: Trichoscopy of trichotillomania shows broken hairs, black dots (green arrows), broken hairs (yellow arrows), regrowing hair (blue arrow), trichoptilosis (red arrow), and peri follicular haemorrhages (black arrow).

Figure 7: Clinical picture showing diffuse loss of hair.

Figure 8: Trichoscopy of trichotillomania shows broken hairs, multiple black dots (red circles), broken hairs (black arrows), and perifollicular hemorrhages (yellow circle).

Figure 9: Trichoscopy of trichotillomania shows broken hairs at different lengths and tulip hair (red circle).

Brian Teasers

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Riddles

1. I am an exotic flower, you see on me blooming on head of a depressive maniac-
2. WOW I got the diagnosis!!!, exclaimed the doctor looking at me sitting quietly at border of bald patch -
3. You see me tickling on the crown of young boy, I am also a punctuation mark seen in many languages -
4. Four little stars shining around the crater filled with white ash, you see me only under polarised light –

Crosswords in Trichoscopy

1. **Dr Balachandra S Ankad**
2. **Dr Samipa S Mukherjee 2**
3. **Dr Sakshi S Gaikwad**
4. **Dr Smitha SV**
5. **Dr Nicholas Drago**

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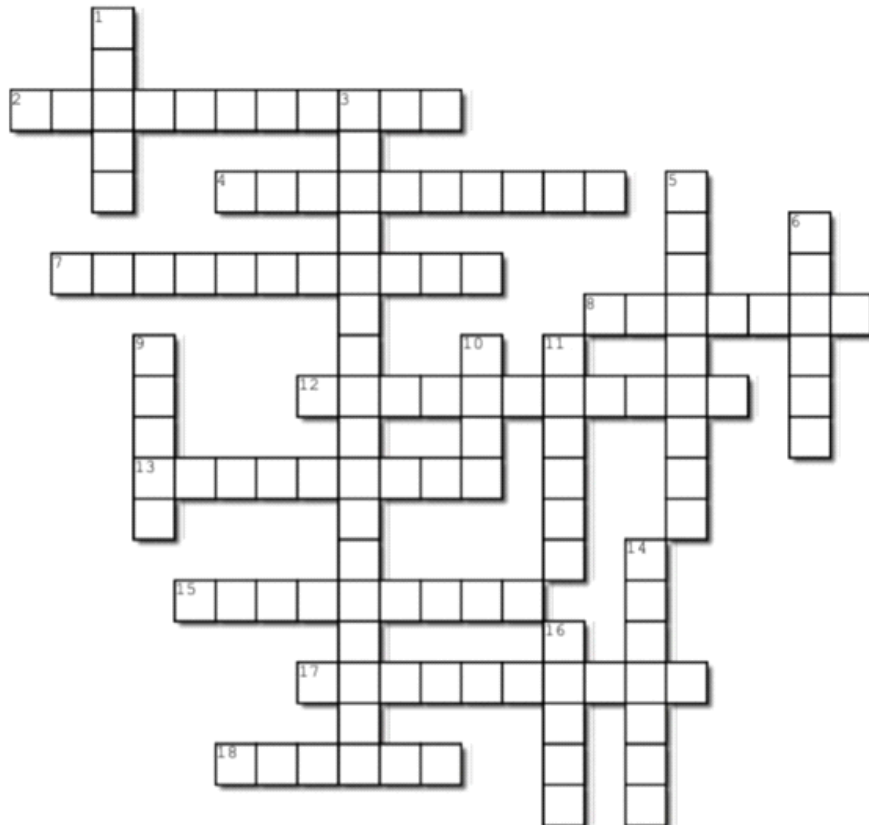
Crosswords Clues

Across

2. Histological appearance of Cryptococcus

5. Dartboard

6. Abscess draining catheter with side holes

7. Famous painting of Vincent van Gogh

8. Sign in alopecia areata

11. Mode of communication used by Alia Bhatt in her movie 'Raazi'

13. Yahoo...... logo

16. First thing to get for wine bottle lid

17. 'Like a moth to the ....'

Down

1. Symbol of Vodaphone.

3. Amir Khan uses this in his song 'aati kya khandala'.

4. Gait in cerebral palsy.

9. National flower of Netherlands.

10. The heart was made to be................. (Oscar Wilde)

12. Gradual narrowing towards one end.

14. Light it to get rid of mosquito.

15. It's a weapon or spice.

Answers of crossword and riddles are given in the end

Humor

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Answers to brain teasers

1.   Tulip hair
2.   Exclamation mark hair.
3.   Comma hair
4.   Rosettes.

Answers to crosswords

Across

2. Soap bubble

5. Targetoid

6. Pigtail

7. Starry sky

8. Coudability

11. Morse Code

13. Exclamatory

16. Corkscrew

17. Flame

Down

1. Comma

3. Burnt matchstick

4. Zigzag

9. Tulip

10. Broken

12. Tapered

14. Coiled

15. Mace

Milestones of SIG- Dermoscopy in 2020

We have conducted physical workshops with hands-on training in Bagalkot , 8-3-2020
They were successful with great attendance of delegates.

We have conducted physical workshops with hands-on training in Chandigarh , 14, 15 March, 2020, They were successful with great attendance of delegates.

SIG Dermoscopy did webinars in collaboration with the iadvl state branches of Maharashtra, Gujarat and Bihar.

With the appropriate guidance from IADVL Academy, SIG-Dermoscopy had pleasure to conduct online training modules. Part 1 covered the important topics in dermoscopy such as basics aspects, trichoscopy, onychoscopy, and benign and malignant tumors in 2020

Four e-workshops were successfully conducted which covered basics, inflammoscopy, pigmenteroscopy, entomodermoscopy and miscellaneous topics. These e-workshops ensured the proper teaching of field of dermoscopy. Many dermatologists expressed their happiness about these e-workshops.

Please note that online training modules and e-workshops are available on the IADVL website.

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