

Other treatments

Various other treatments include the following:

- Phototherapy has been used with limited success with either psoralen combined with ultraviolet A (PUVA) or narrow band UVB therapy.
- Systemic steroids are used for rapidly progressive and extensive involvement as long term or short term treatment. Immunosuppressive drugs such as cyclosporine, azathioprine or methotrexate may be used.
- Wigs are considered in resistant cases.
- Tattooing can be considered in case of eyebrow hair loss for cosmetic reason.

8. Can Alopecia patches progress from one bald patch to extensive involvement?

- Bald patches are commonly localized to the scalp and can grow spontaneously or improve with treatment.
- Progression to extensive involvement is common if:
 - The bald patches start in childhood.
 - If there is history of atopic eczema(A type of skin allergy).
 - If there is a family history of Alopecia areata.
 - The initial bout of hair loss affects more than half of scalp area.
 - When eyelashes and/or eyebrows are involved.
 - Hair loss is around the scalp margin.
 - Nail changes are present.
 - Underlying autoimmune disease like vitiligo, lichen planus, thyroid disorders or diabetes mellitus may be present

9. Can Alopecia areata recur?

- Spontaneous regrowth is usually seen in 80% of cases, without treatment within a few months to a year.
- However the course of disease is unpredictable and recurrence may occur in few cases.

10. What can be done to overcome the psychological distress associated with Alopecia areata?

- Alopecia areata is a cosmetic problem. The change in appearance may cause anxiety, depression or feelings of unattractiveness. In children with Alopecia areata, change in child's behaviour may be noted and the child may have low self-esteem and appear withdrawn.
- Learn to develop positive feedback mechanisms and accept the change in appearance.
- Consult a dermatologist for appropriate counselling and treatment.
- A consult with a clinical or paediatric psychologist may be needed in severe cases.

Disclaimer:

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ALOPECIA AREATA



INDIAN ASSOCIATION OF DERMATOLOGISTS, VENEREOLOGISTS AND LEPROLOGISTS

- What is Alopecia areata?
- What are the causes of Alopecia areata?
- How does Alopecia areata manifest?
- What is the course of the disease?
- What should one do if he/ she gets Alopecia areata?
- Are there any tests to diagnose Alopecia areata?
- What are the treatment options in Alopecia areata?
- Can Alopecia patches progress from one bald patch to extensive involvement?
- Can Alopecia areata recur?
- What can be done to overcome the psychological distress associated with Alopecia areata?

1. What is Alopecia areata?

- Alopecia means loss of hair. Alopecia areata is a type of localised hair loss which is typically seen as bald patches.
- It may affect any hairy area of the body. It affects males and females equally.
- In majority of cases hair regrows after several months.
- It does not affect the general health of the person.



2. What are the causes of Alopecia areata?

- Alopecia areata is considered to be an autoimmune disease. This occurs when the body's own immune system damages its healthy cells.
- In Alopecia areata, white blood cells gather around the affected hair roots (hair follicles). This causes inflammation which leads to hair loss.
- Genetics, atopy and environmental factors play a role.
- It is not a hereditary condition.

3. How does Alopecia areata manifest?

- It typically occurs as one or more bald patches on the scalp.
- It can affect any hairy area of body. Hair loss may be seen on the scalp, beard, moustache, eyebrows, eyelashes or body hair may also be lost.
- Scalp is the common site affected in 90% of the cases. Apart from the bald patches, the scalp usually looks healthy and there is no scarring.
- The bald patches are round in shape and about the size of a coin.
- The nails may be affected in about 1 in 10 cases of Alopecia areata; there may be pitting or ridging on the nails.

4. What is the course of the disease?

- It is difficult to predict the progress of a bald patch of Alopecia areata.
- Usually the hair regrows within a few months. Initially it is grey or white in colour and normal colour returns after several months.
- At times, one or more bald patches develop a few weeks after the first one. Large bald patches can also develop.
- Patches of body hair, beard, eyebrows or eyelashes may be affected in some cases.
- Sometimes, the entire scalp hair is lost. This is called Alopecia totalis.
- In a small number of cases, all scalp hair, body hair, beard, eyebrows and eyelashes are lost. This is called Alopecia universalis.

5. What should one do if he/ she gets Alopecia areata?

- Consult a dermatologist since it can be easily diagnosed by the dermatologist by the clinical appearance of the lesion.
- Appropriate counselling, topical therapy and medications will be recommended by the dermatologist as per the needs.

6. Are there any tests to diagnose Alopecia areata?

- Usually no tests are required. The diagnosis is usually confirmed by clinical examination and it is based on the typical appearance of the bald patches. A dermatoscopy may aid the clinical diagnosis.
- Blood tests may be advised to check for other auto-immune diseases and a skin scraping or biopsy may be done to rule out other causes of hair loss.



7. What are the treatment options in Alopecia areata?

- Alopecia areata is a very unpredictable condition. In many cases, bald patches re-grow by themselves without treatment. If the hair loss becomes more extensive then the decision on whether to treat may be considered.

Steroid injections

- Injections of steroid (Triamcinalone acetonide) into the bald patches of the scalp suppress the local immune reaction that occurs in Alopecia areata and allows the regrowth. This treatment may be an option for one or more small- to medium-sized bald patches.
- This treatment should only be done by a skin specialist.
- Large bald areas are not suitable for steroid injections.
- Injections are repeated every 4-6 weeks.
- It takes 1-2 months for the hair to start to regrow.
- There is no guarantee that any hair re-grown during treatment will persist.

Topical steroids and immunomodulators

- Steroid cream, gel, etc, can be used but these are not as effective as steroid injections. Topical steroids are to be strictly used under medical supervision and prolonged use should be avoided.
- Topical corticosteroid sparing agents such as tacrolimus can be used in sites such as eyebrows.

Topical minoxidil solution

- Applied to the bald patches and has been shown to promote hair re-growth in some cases.

Contact immunotherapy

- Topical immunotherapy is the most effective option for people with extensive Alopecia areata.
- Substances like diphenylcyclopropenone (DPCP) is applied on affected skin to make the skin react like an allergy or dermatitis (eczema). The skin reaction affects the process involved in causing Alopecia areata to regrow hair.