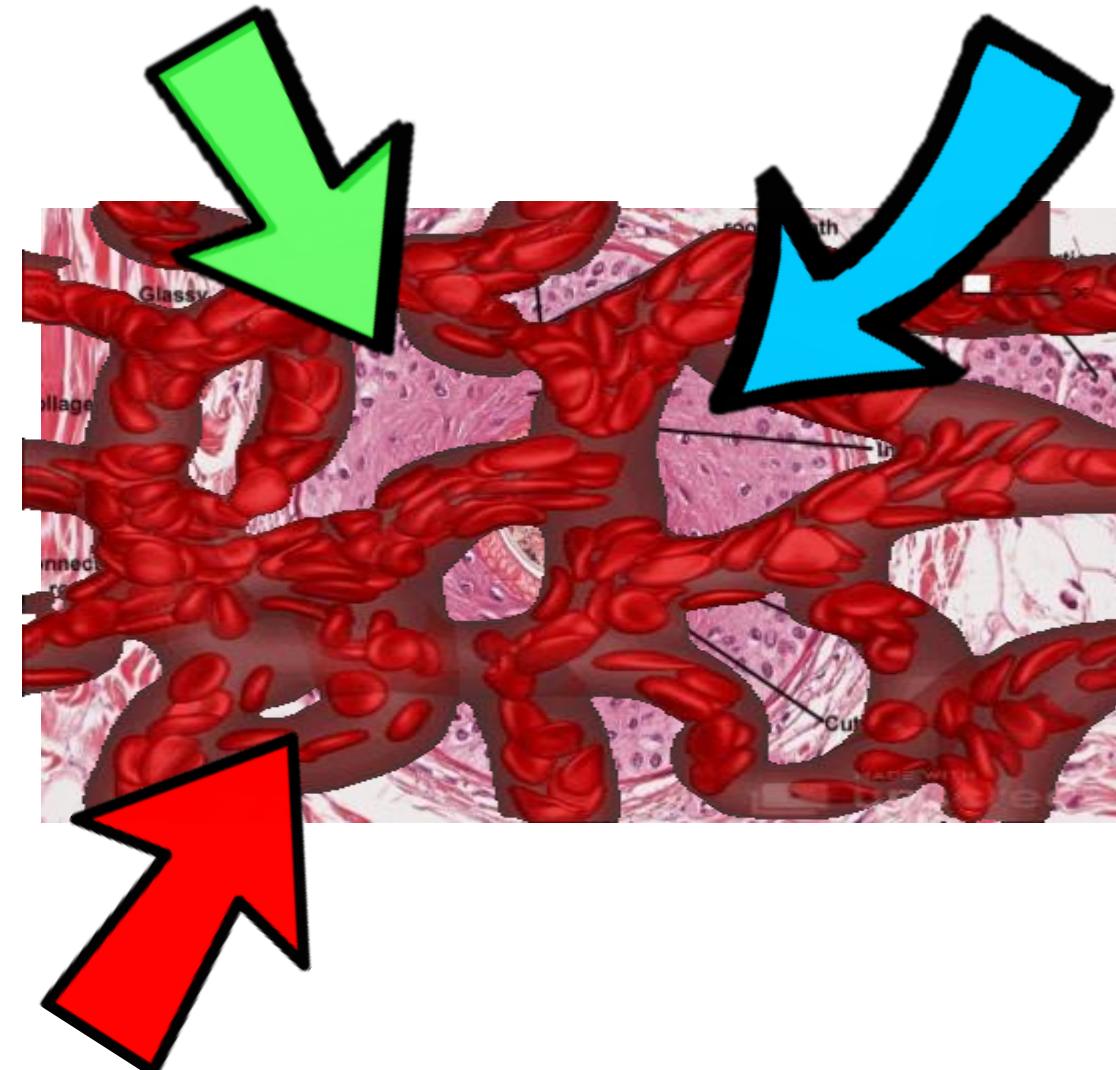
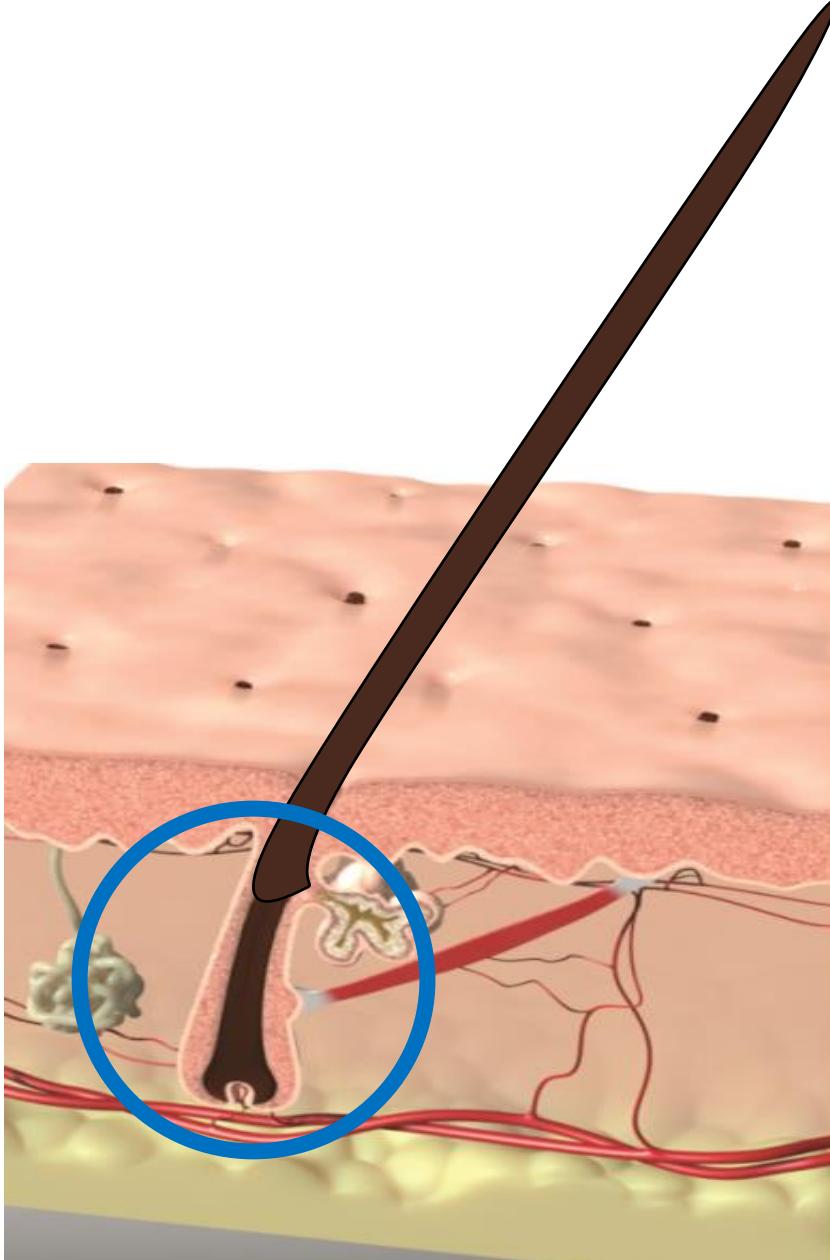


HATR

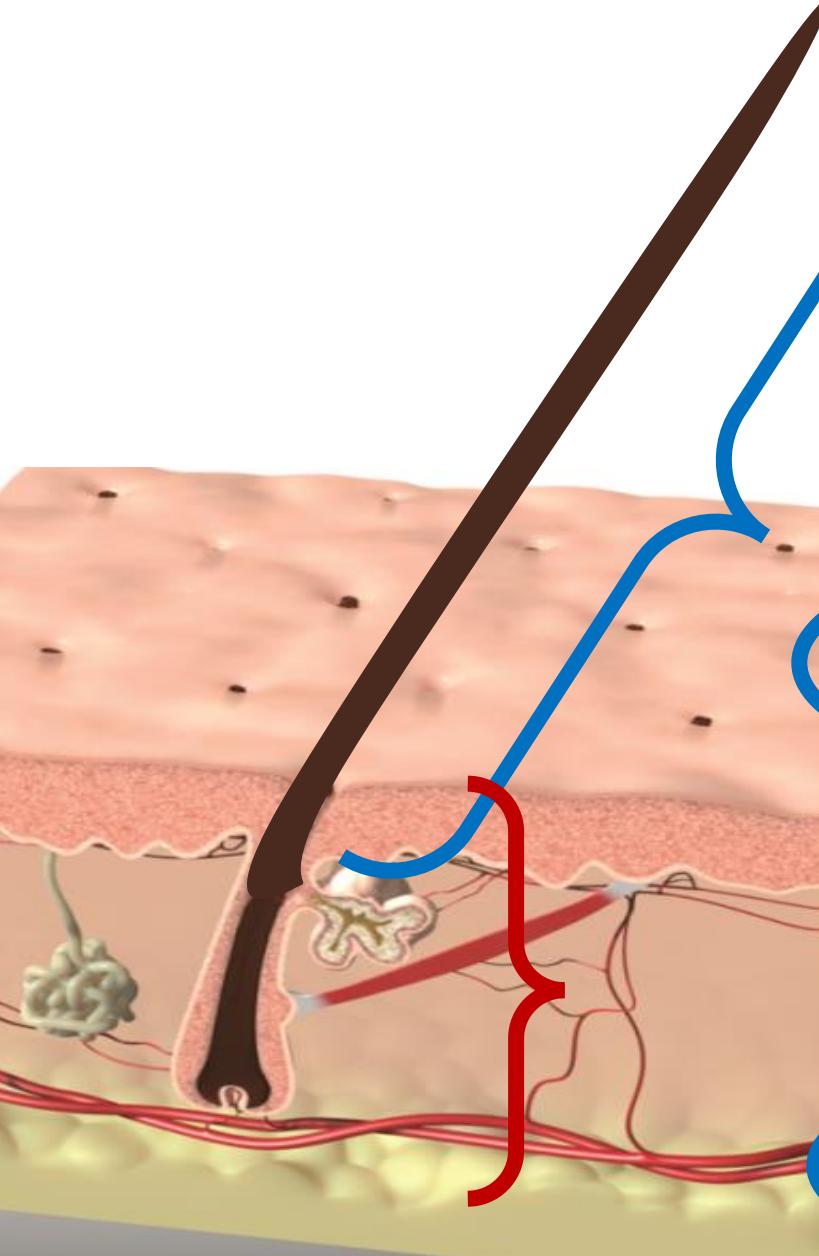
Lidia Rudnicka

Hair diseases ?

Hormones Cytokines



All substances contained in the blood



Alopecia is a symptom

Hair shaft

Effect

Hair follicle

Cause

Diagnostics of diseases causing hair loss

basic

anamnesis

**Physical
examination**

Trichoscopy

additional

Trichogram

Blood tests

Biopsy
(under control trichoscopy)

Trichoscopy



evaluation of scalp and hair
(magnification & side light)



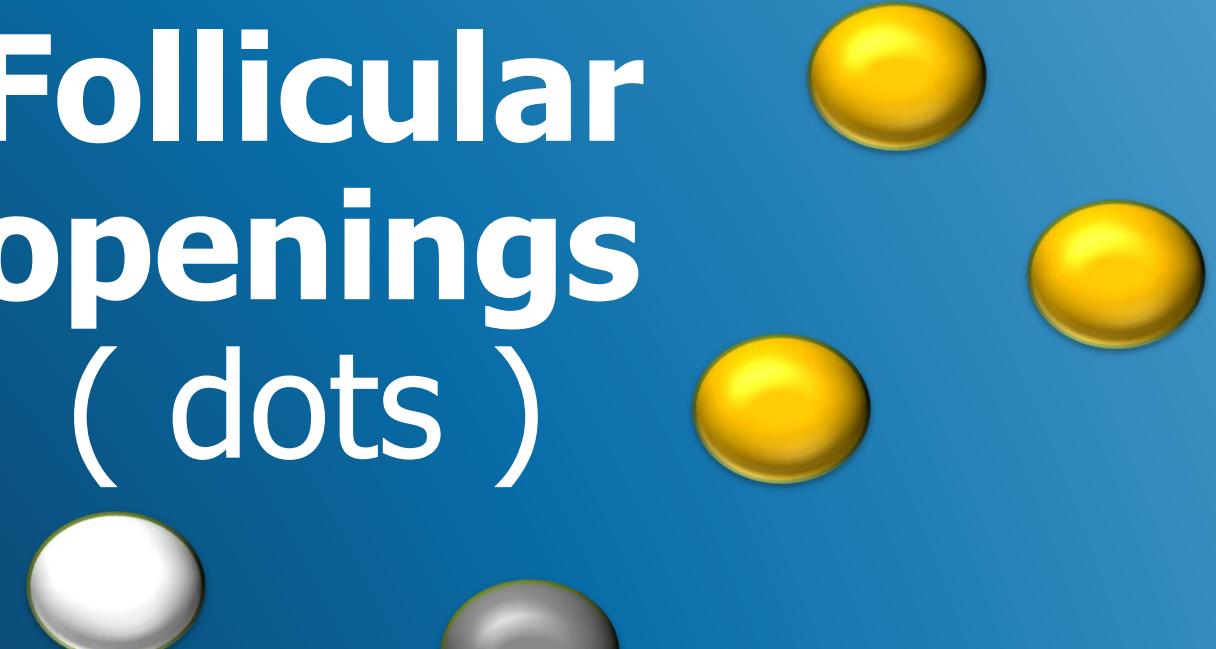




**Hair
shafts**



**Follicular
openings
(dots)**



**Skin
surface**



**Blood
vessels**





**alopecia
areata**

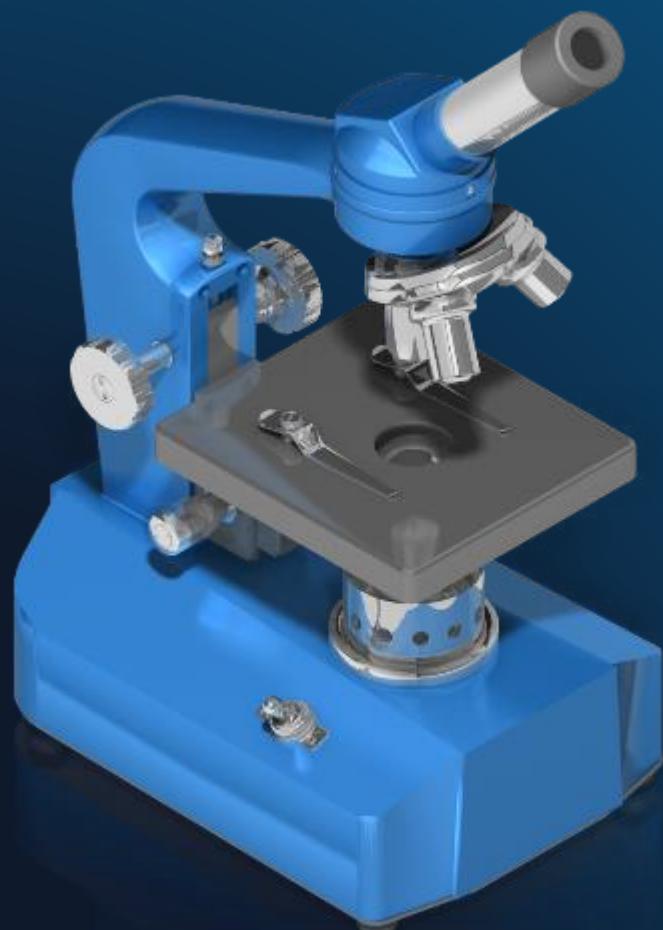


**tricho-
tillomania**



**tinea
capitis**

Trichogram



Blood tests

several hundred different causes based on blood test results

Lupus ?

Hypothyroidism
parathyroid ?

anemia ?

Diabetes ?

cancer ?

.....



Classification

Non-cicatricial

Cicatricial

hair follicles preserved

YES

NO

focal

diffuse



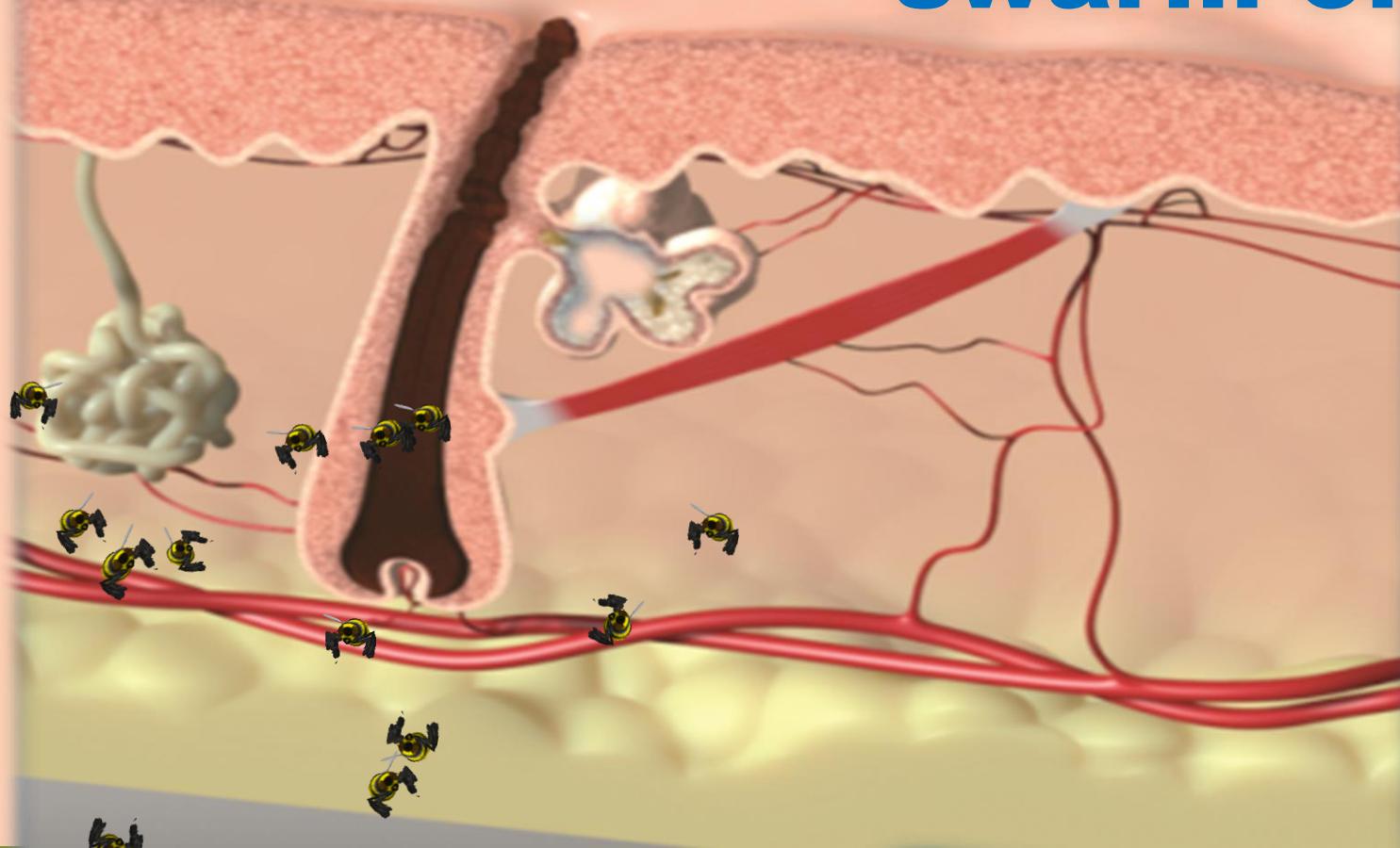
Alopecia areata

Alopecia areata - the most important information

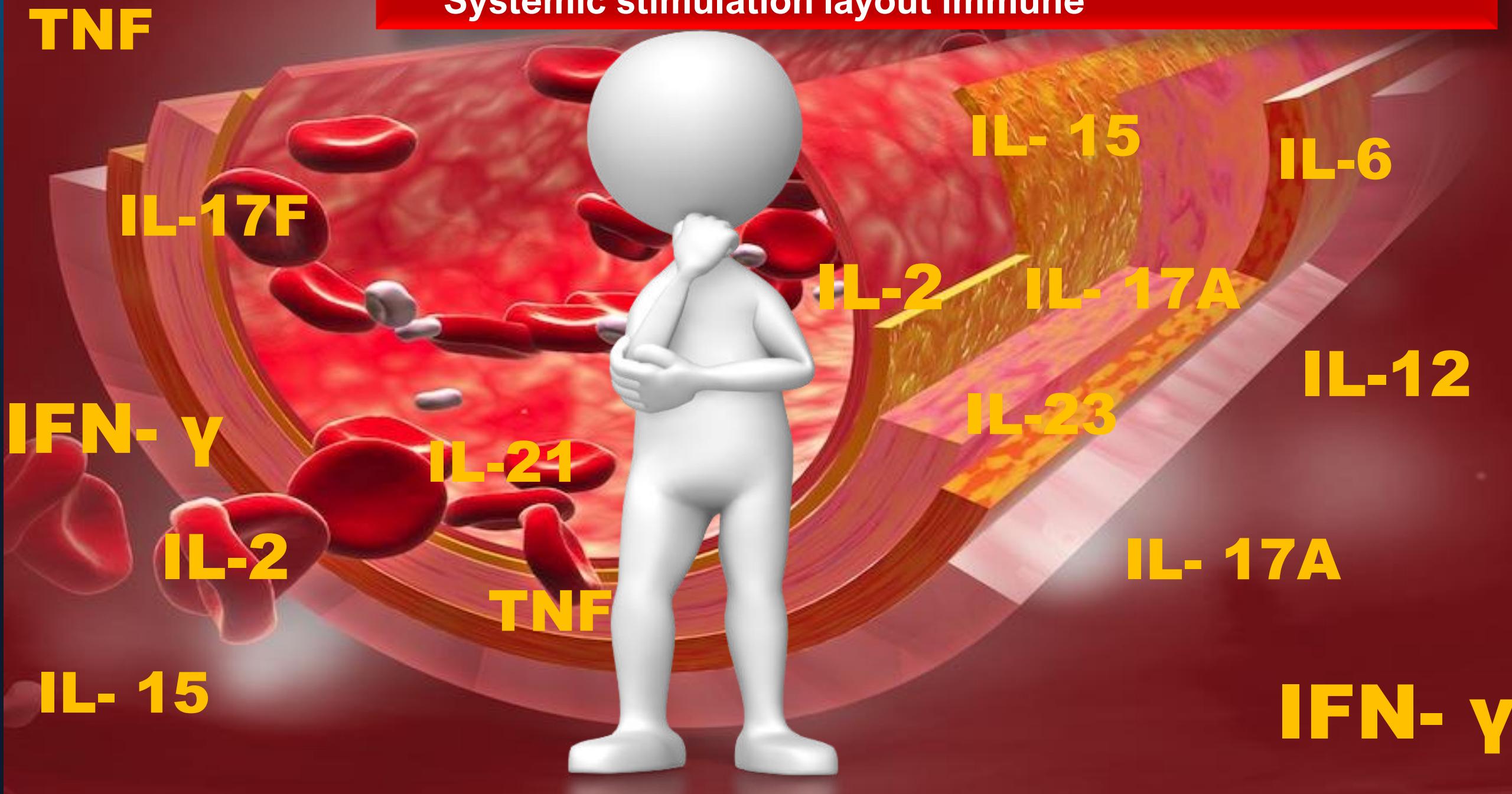
- **Disease autoimmune**
- **Recurring or chronic course**
- **Symptoms NOT related to hair**
- **Immunosuppressive treatment**

**Infiltrates lymphocytes
around bellows**

swarm of bees "



Systemic stimulation layout immune



Alopecia areata



- " non-scarring "
- seemingly healthy Hair around the patches
- progression

alopecia areata (mono) focal



A close-up photograph of a person's dark brown hair. A distinct, circular area of hair loss (alopecia areata) is visible on the scalp, appearing as a smooth, pinkish-red patch where the hair has been shed. The surrounding hair is thick and dark.

multifocal alopecia areata

Ophiasis

(alopecia areata
ophiasis patterns



Alopecia totalis

no hair on scalp



Alopecia universalis

no hair



Alopecia totalis / universalis

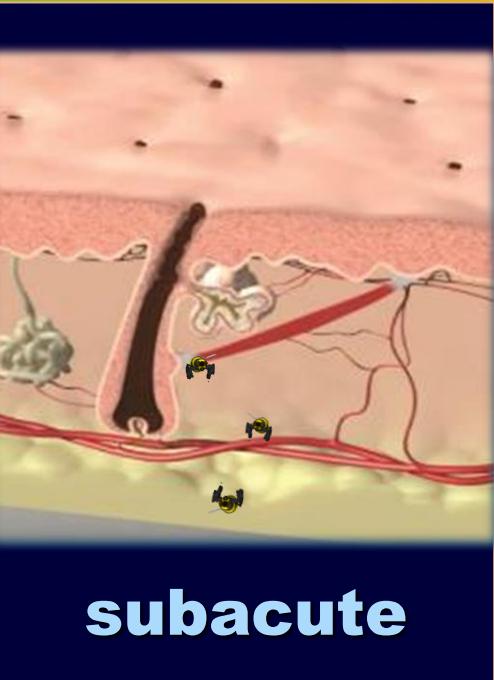


ALOPECIA AREATA

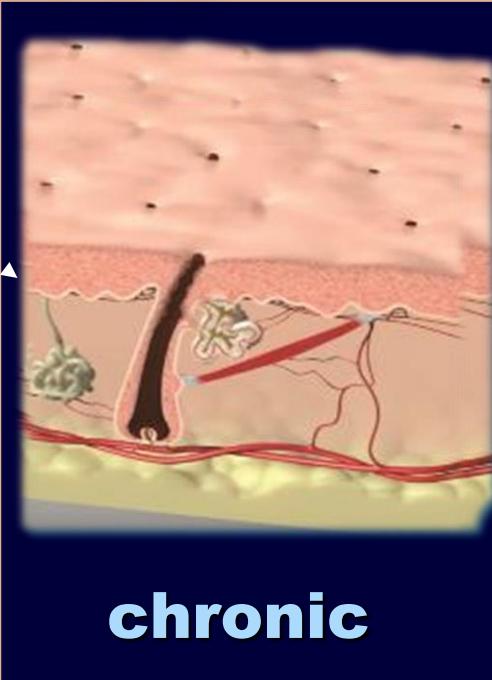
PHASES



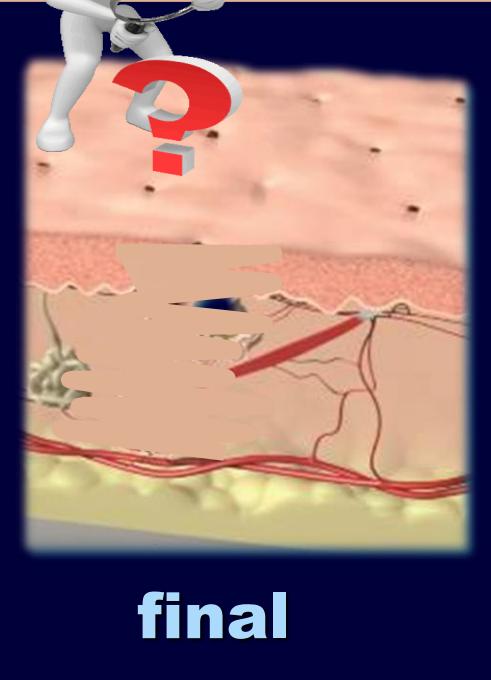
sharp



subacute



chronic



final

DECREASING PROBABILITY OF REGROWTH

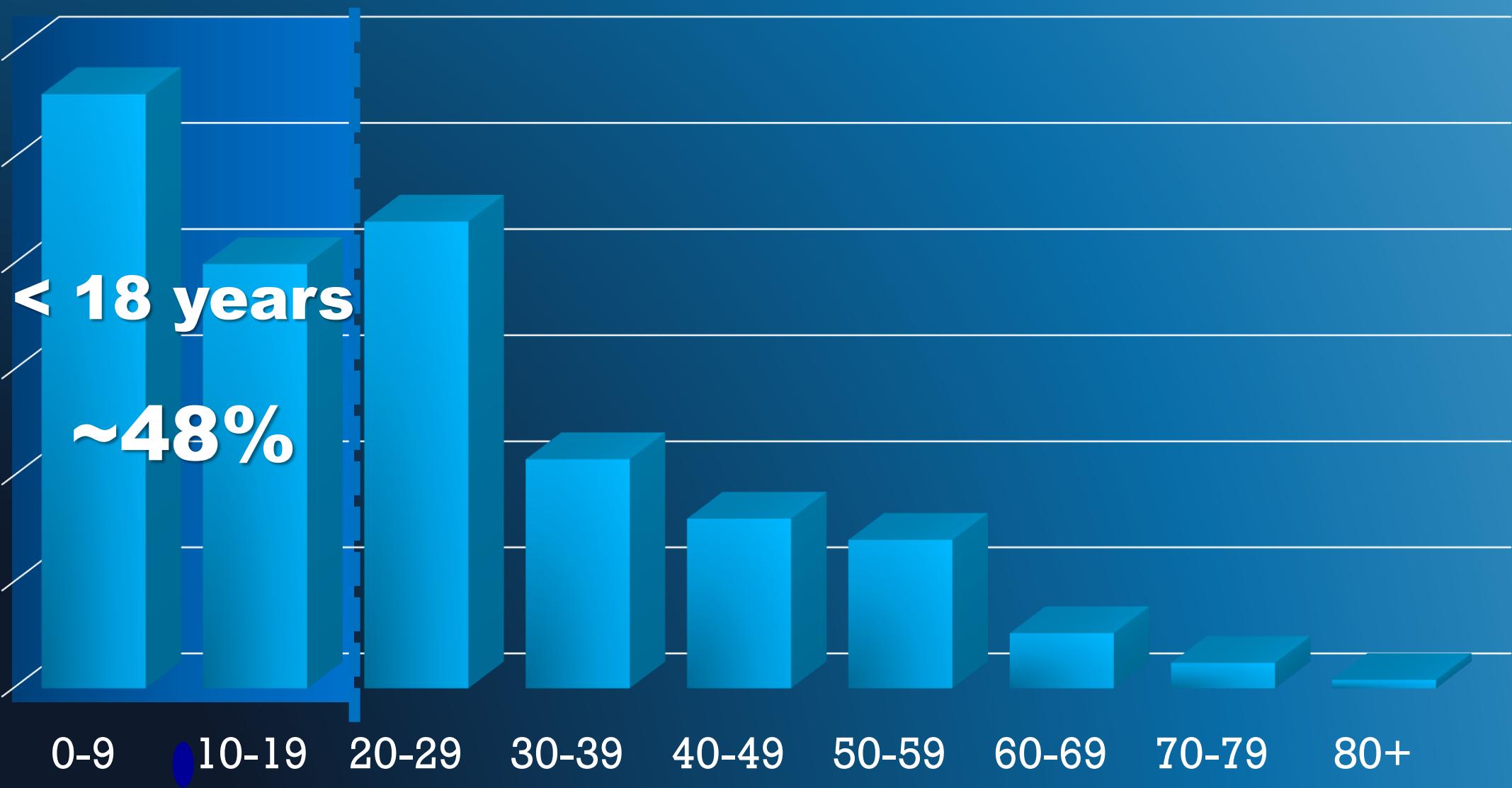


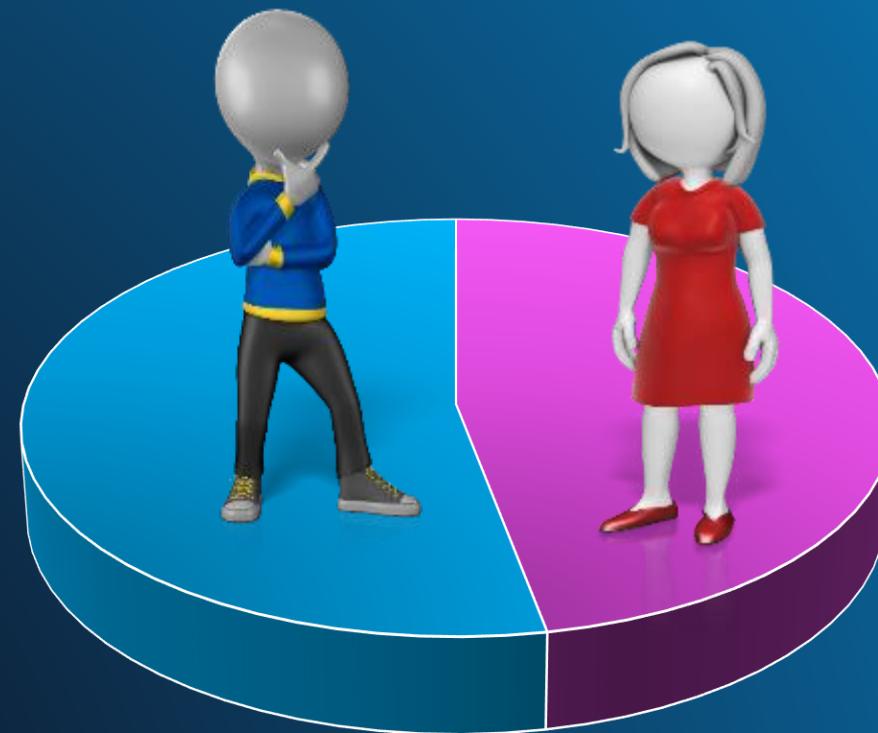
Who develops
alopecia areata?

>80 years

<1 year







Alopecia totalis / universalis



**8
years**

36 years

54 years

Eyebrows and lashes

- **Up to 75% of patients**
- **Lack of natural protection of eyes**
- **aesthetic value, communication , recognition quality of life ...**



Eyebrows and lashes



Lack of nasal hair



Lack of environmental protection





BODY HAIR



CHANGES IN NAILS RELATED TO A.A

- **~30% of patients**
- **Mostly heavy – AA**
- **Especially common
in children**



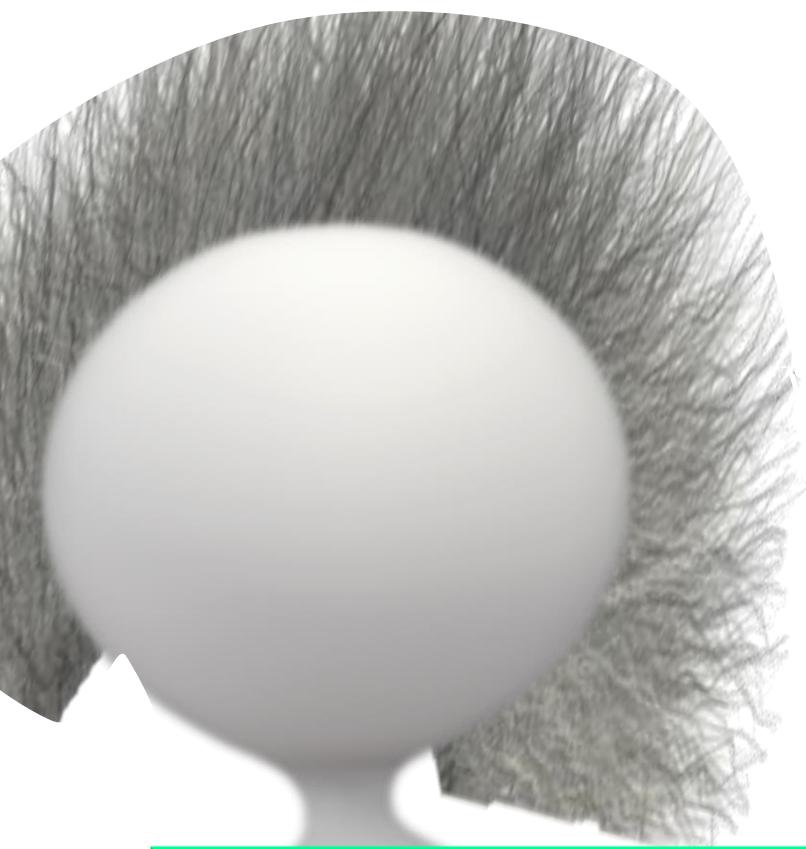
HOW TO EVALUATE THE SEVERITY OF AA



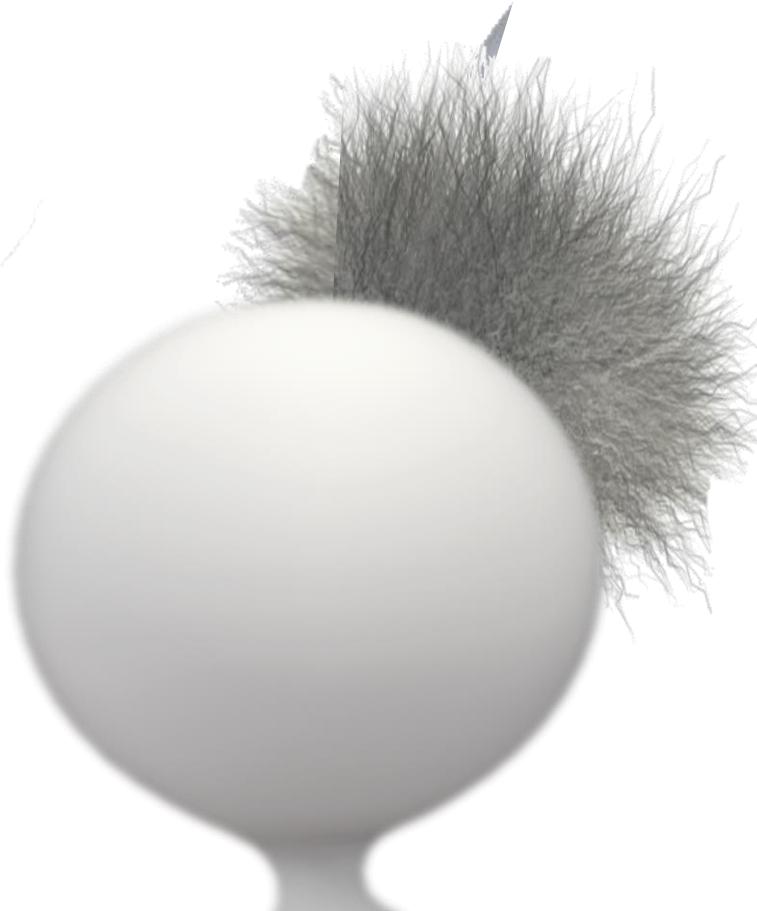
SALT score

Severity
of
Alopecia –
Tool –

SALT score = % loss hair



SALT . 0



SALT . 50



SALT . 100

CLINICAL EVALUATION



Trichoscopy



Histologic evaluation

TRICHOSCOPY IN ALOPECIA AREATA



Hair exclamation marks



Vellus hairs

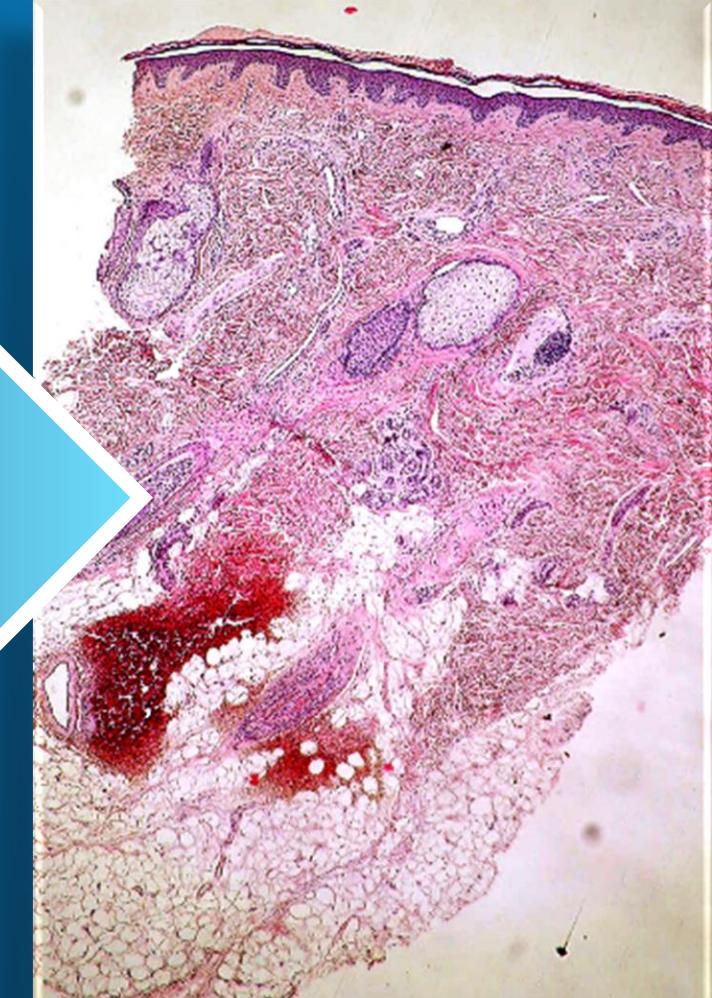
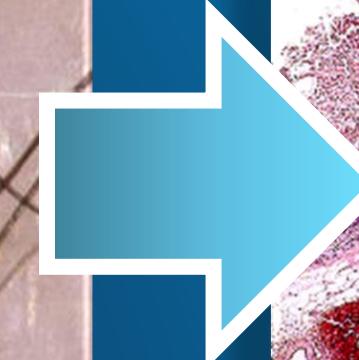


Black dots

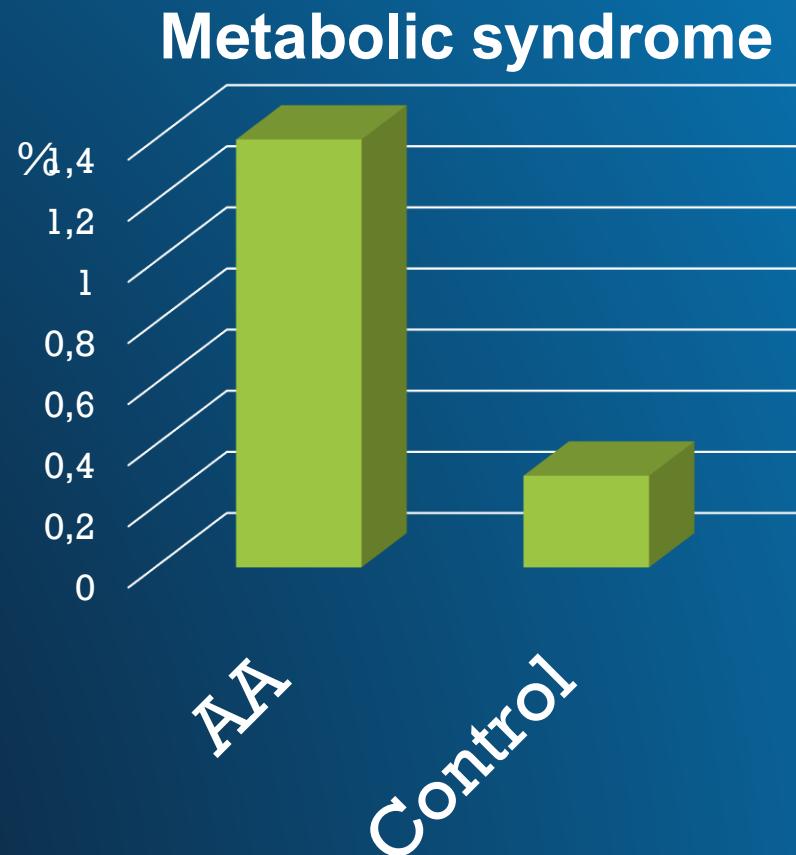
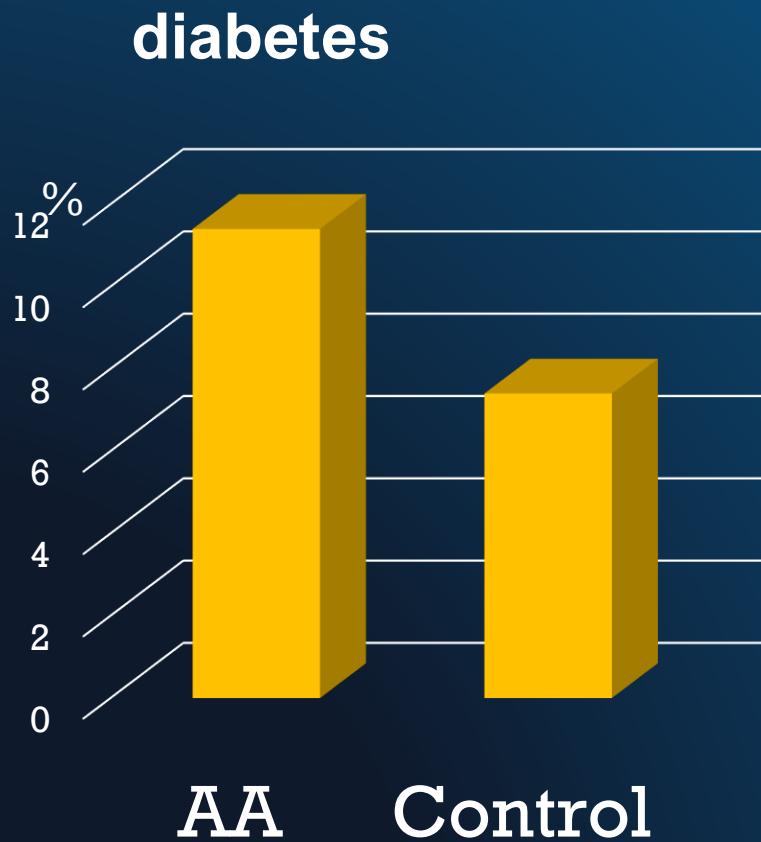


Yellow dots

TRICHOSCOPY GUIDED BIOPSY



increased risk



Cardio-vascular diseases

TREATMENT

Chronic!

**intraleisional
triamcinolone**

**glucocorticoids
systemic**

**Glucocorticoids
topical**

cyclosporine

methotrexate

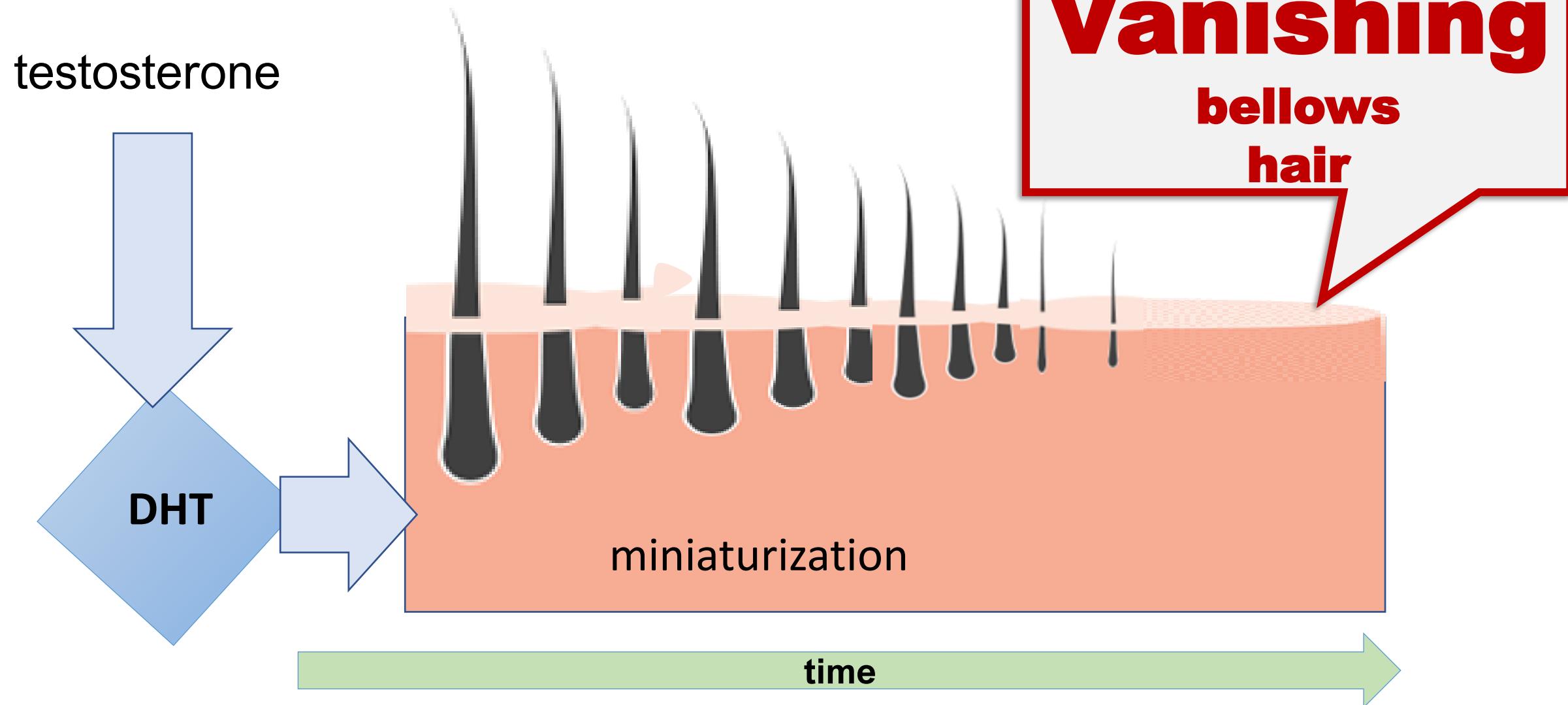
azathioprine

JAK inhibitors (Baricitinib, Tofacitinib, Ritlecitinib)



Androgenetic alopecia

miniaturization of hair follicles in androgenetic alopecia

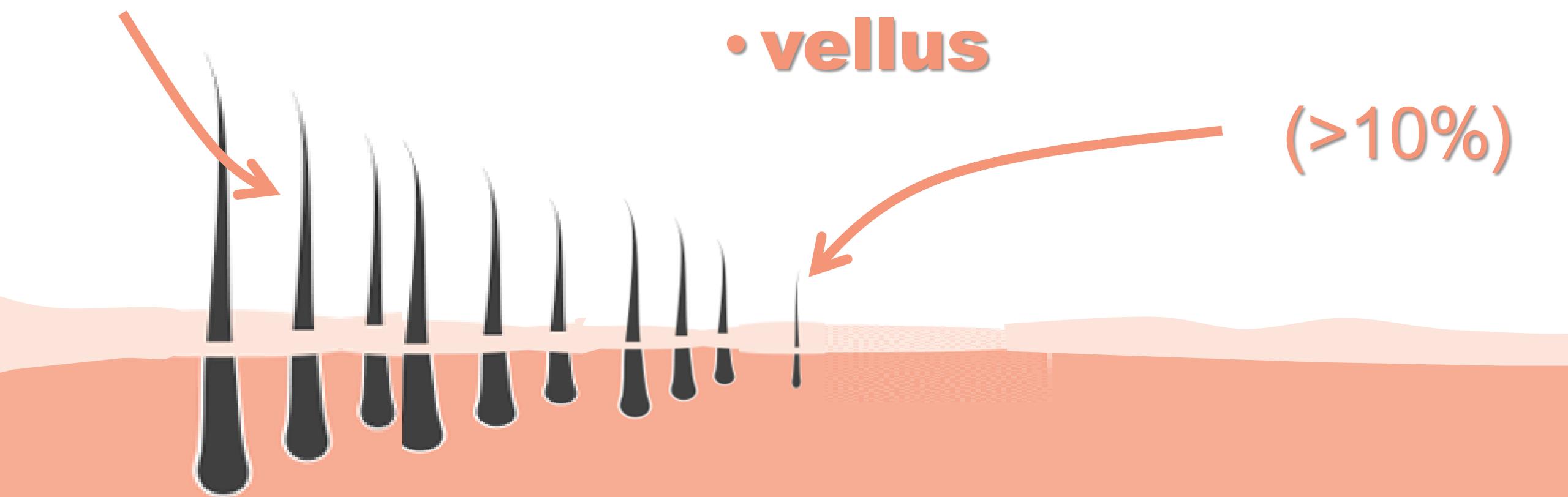


not synchronized

- thickness reduction

- vellus

(>10%)



follicular miniaturization

1 heterogeneous thickness of the hair shafts

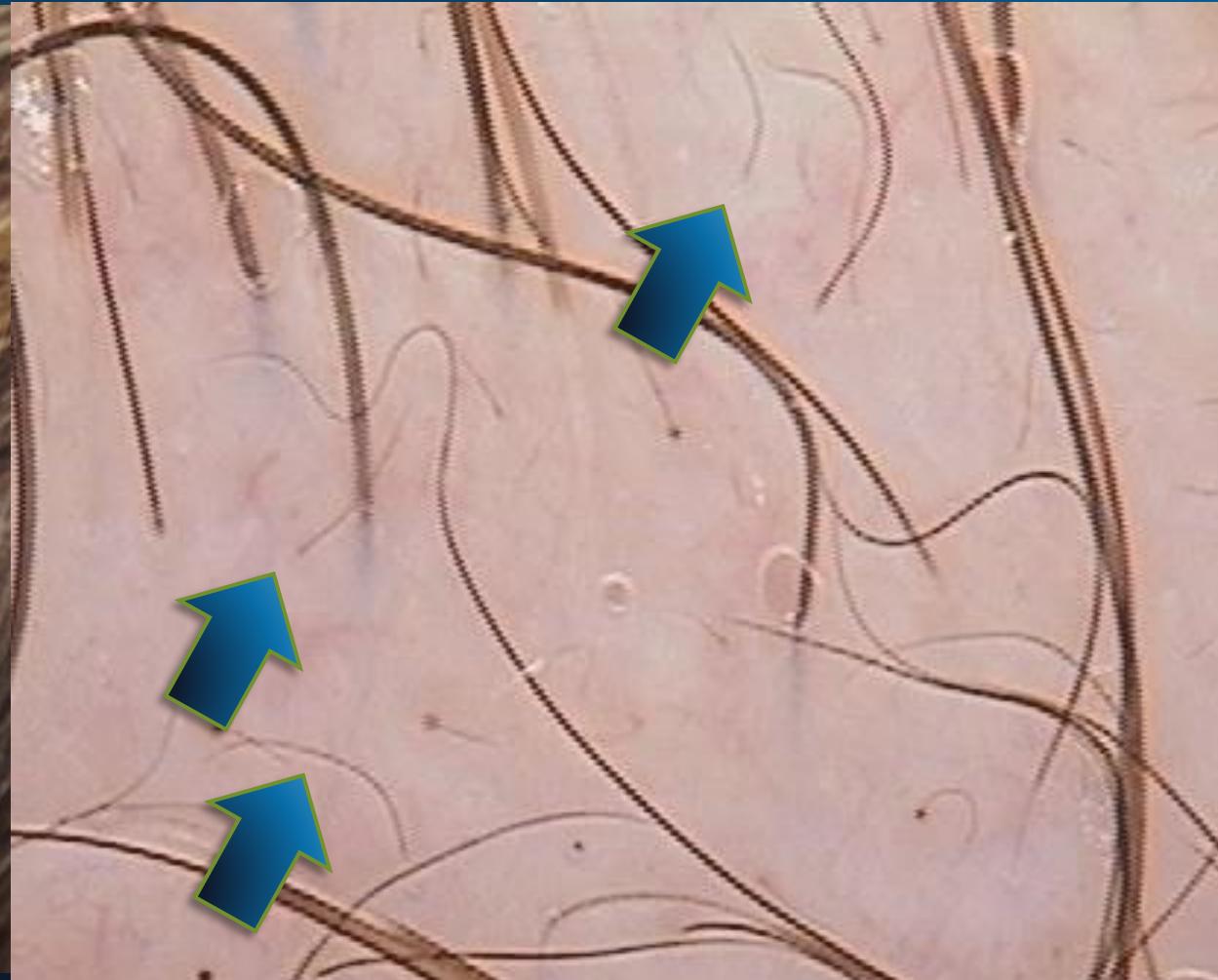


2

Vellus hairs



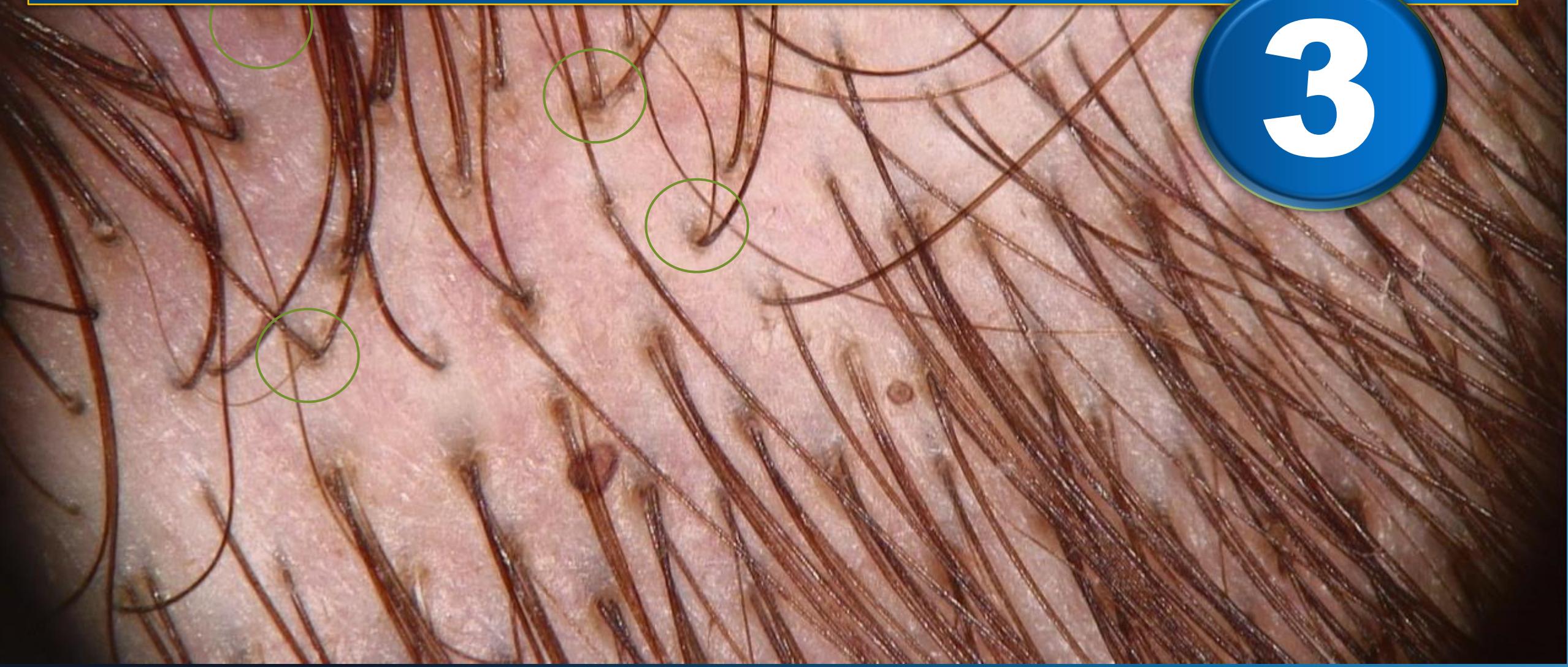
Androgenetic alopecia



frontal fibrosing alopecia



Thick and thin hair in the hair unit



3

Treatment



Androgenetic alopecia in young men



Early
and
onset
development of
alopecia
in young men

Recommendations of the Polish Society of Dermatology



minoxidil 5 % 1 x / day

**Finasteride
2.5-5 mg/day**

**Dutasteride
0.25-0.5 mg/day**



**Finasteride
1mg/day**

**Dutasteride
0.5mg/day**



teratogenicity

**Dutasteride is more effective than
finasteride**

**In the treatment of androgenetic
alopecia in women and men**

Greater effectiveness in younger patients

Oral minoxidil



**The response to treatment
is best
until the age of 40-50**

**early
treatment
!**

**The late phase of
androgenetic alopecia is
irreversible
(disappearance of bellows)**



Cicatricial alopecia

Lichen planopilars (LPP)



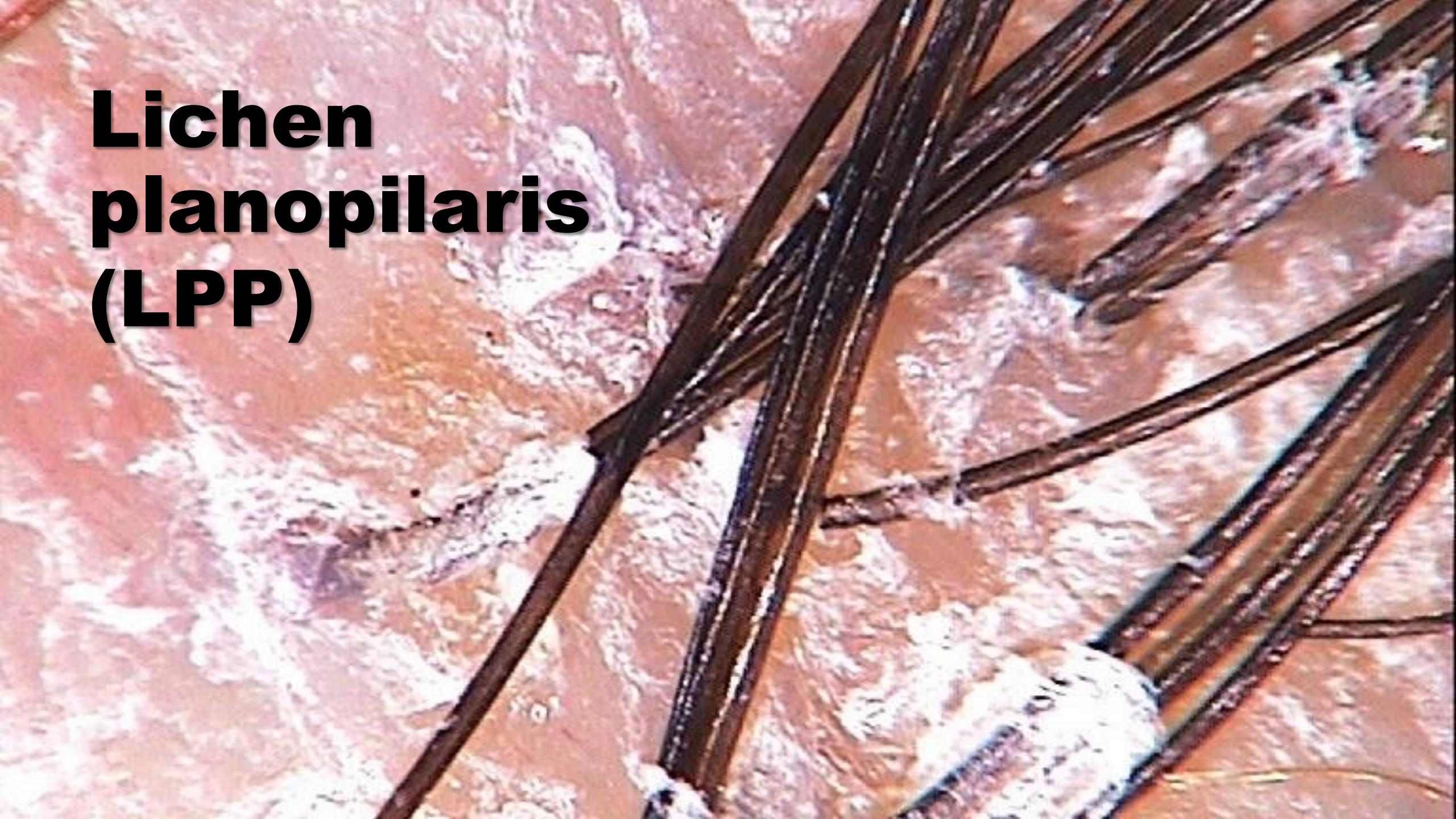
Women > 40 years

**Maybe coexist LP in
others locations**

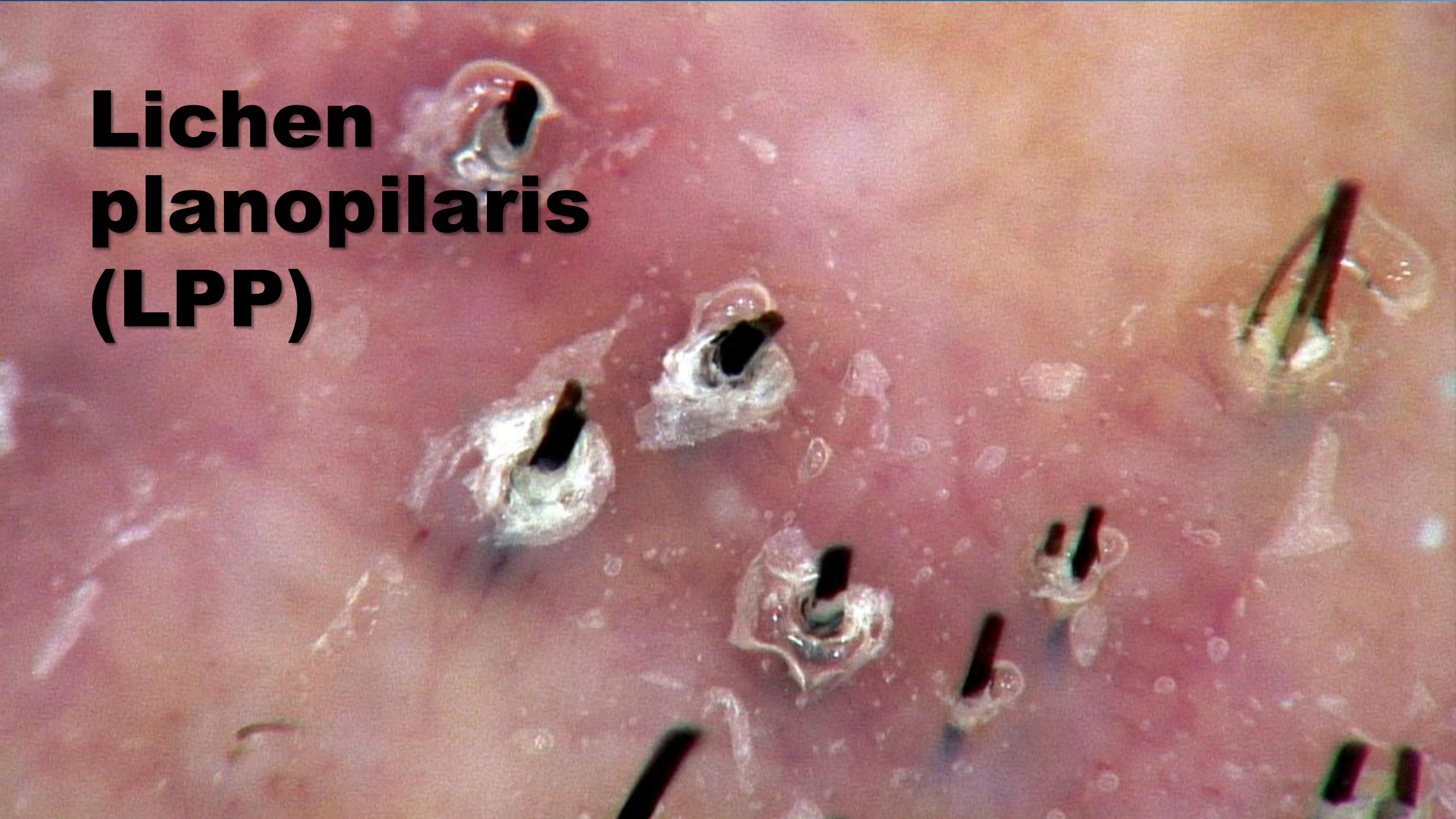
**Campfires alopecia ,
itching , pain , burning**



Lichen planopilaris (LPP)



Lichen planopilaris (LPP)



Lichen planopilaris (LPP)

Treatment

- **Triamcinolone**
- **Cyclosporine**
- **Isotretinoin**
- **Chloroquine , Hydroxychloroquine**

Frontal fibrosing alopecia (FFA)



**Regression of frontal
hair line
1 mm/ month**

Women > 40 years

May coexist with LPP

**First affects the small
vellus hairs**

Frontal fibrosing alopecia



Frontal fibrosing alopecia

Treatment

- Triamcinolone
- Isotretinoin
- Finasteride , dutasteride



Ectodermal dysplasia

a group of over 200 genetic disorders,
with improperly developed structures of ectodermal origin





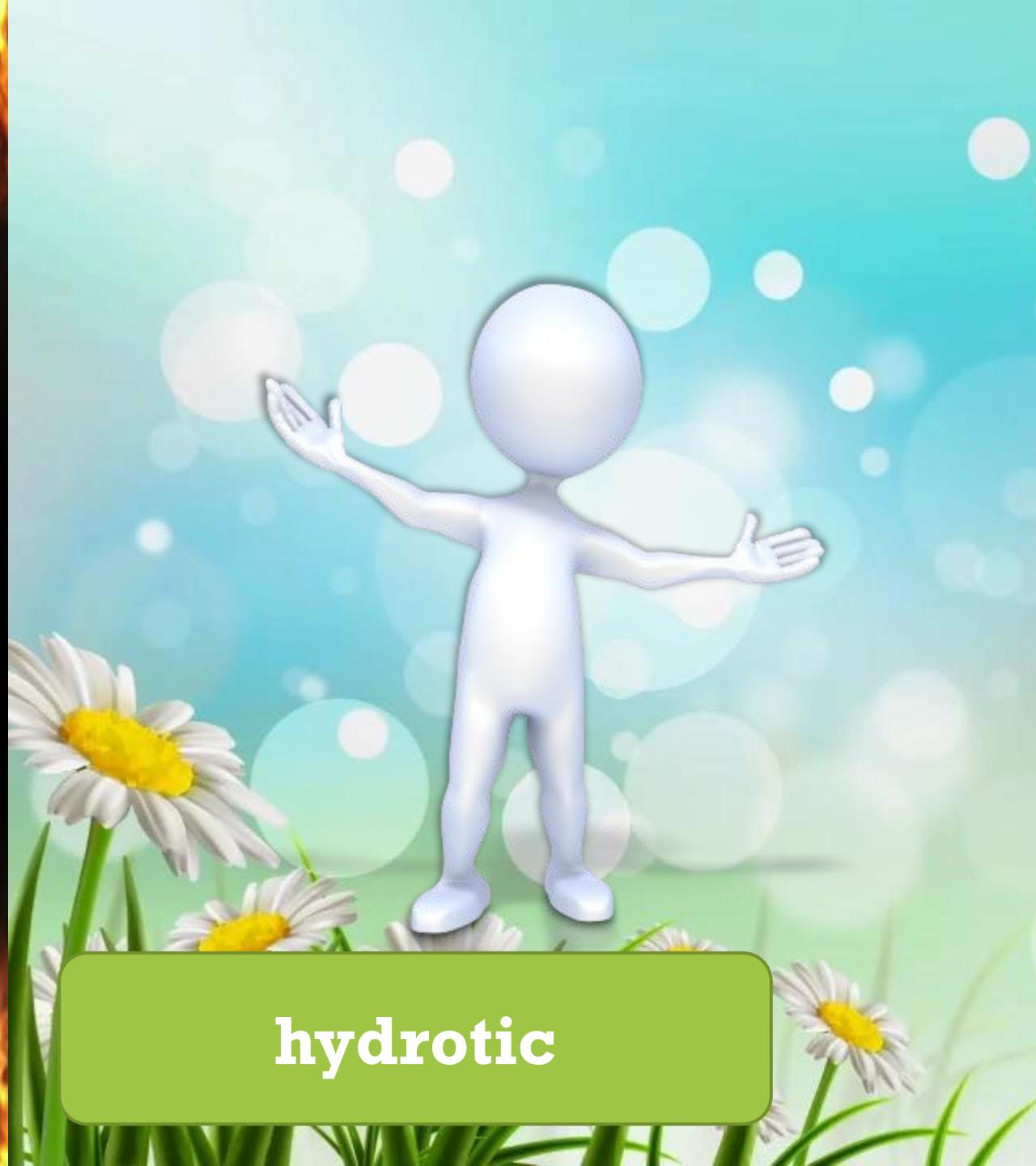
Hyperthermia !!!

THERMOR
EGULATIO

TO HIGH
TEMPERATU
RE



hypohydrotic



hydrotic



Hair loss in non-dermatological diseases

hair and trichoscopy



Prof. Lidia.Rudnicka