

PATIENT RESOURCES: ALOPECIA AREATA



Alopecia areata (AA) causes hair loss in small, round patches that may go away on their own, or may last for many years. Nearly 2% of the U.S. population (about four million people) will develop AA in their lifetime. Some people with AA (about 5%) may lose all scalp hair (alopecia totalis) or all scalp and body hair (alopecia universalis). The immune system, for unknown reasons, attacks the hair root and causes hair loss. AA occurs worldwide in both genders and in every ethnic group. Children and young adults are most frequently affected, but persons of all ages are susceptible. One in five persons with AA has a family member who also has the disease.

WHAT ARE THE SIGNS AND SYMPTOMS OF AA?

AA usually begins with one or more small, round, coin-size, bare patches. It is most common on the scalp, but can involve any hair-bearing site including eyebrows, eyelashes, and beards. Hair may fall out and regrow with the possibility of full hair regrowth always present. AA usually has no associated symptoms, but there may be minor discomfort or itching prior to developing a new patch. Nails may have tiny pinpoint dents and may rarely become distorted.

WHAT CAUSES AA?

AA is not contagious. It is an autoimmune disease in which the body's immune system attacks itself, in this case, the hair follicles. The cause is not known. A person's particular genetic makeup combined with other factors triggers AA.

WHAT ARE THE SIGNS AND SYMPTOMS OF AA?

Although your dermatologist may know by examining your scalp that you have AA, occasionally, a scalp biopsy is helpful in confirming the diagnosis.

IS THIS A SYMPTOM OF A SERIOUS DISEASE?

AA is not a symptom of a serious disease and usually occurs in otherwise healthy individuals. Persons with AA may have a higher risk of atopic eczema, asthma, and nasal allergies, as well as other autoimmune diseases such as thyroid disease (Hashimoto's thyroiditis) and vitiligo. Family members may also have atopic eczema, asthma, nasal allergies, or autoimmune diseases (i.e. insulin-dependent diabetes, rheumatoid arthritis, thyroid disease, or systemic lupus erythematosus).



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WILL THE HAIR GROW BACK?

Yes, it is likely that the hair may regrow, but it may fall out again. The course of the disease varies from person to person, and no one can predict when the hair might regrow or fall out again. This unpredictability of AA, and the lack of control over it, makes this condition frustrating. Some people lose a few patches of hair, the hair regrows, and the condition never returns. Other people continue to lose and regrow hair for many years. The potential for full regrowth is always there, even in people who lose all the hair on their scalp and body (alopecia totalis/universalis). Hair could regrow white or fine, but the original hair color and texture may return later.

WHAT TREATMENTS ARE AVAILABLE?

There is no cure for AA. While treatments may promote hair growth, new patches of hair loss may continue to appear. The treatments are not a cure. Only the body, itself, can eventually turn off the condition.

Corticosteroids are anti-inflammatory drugs that suppress the immune system. They can be given as injections into the areas of hair loss, taken as pills, or rubbed into affected areas. Steroid injections every 3-6 weeks are given directly into hairless patches on the scalp, eyebrow, and beard areas. Hair growth usually begins approximately 4 weeks after the injection. Steroids that are rubbed directly into affected areas are less effective than injections. Corticosteroids taken by mouth have potential side effects. They are not used routinely, but may be used in certain circumstances.

For more extensive hair loss, immunotherapy is a good option. Immunotherapy works by provoking a contact allergic dermatitis in affected areas by applying a low concentration of a material to which the patient has been made allergic. This is most often diphenylcyclopropenone (diphencyprone). Unfortunately the resultant dermatitis is irritating and may be unsightly, often accompanied by a swollen lymph gland. Therapists and others in contact with the diphencyprone can also develop dermatitis and urticaria."

Minoxidil 2% solution may promote hair growth in alopecia areata. Minoxidil 5% solution applied twice daily to the scalp, brow, and beard areas may promote hair growth in both adults and children with AA. New hair growth may appear in about 12 weeks.

OTHER ALTERNATIVES

Wigs, caps, hats, or scarves are important options. Wearing a head covering does not interfere with hair regrowth. This may be a good choice for people with extensive scalp hair loss who do not have enough hair to cover it.