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Diffuse hair loss

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At least 25% of 1,00,000 scalp hairs need to be lost to produce noticeable hair thinning. Loss of >100 hairs/day is considered abnormal. Various factors are responsible for hair loss such as telogen effluvium, physiological factors, androgenetic alopecia, chemical dyes and various drugs, systemic diseases like systemic lupus erythematous, physical factors like trauma and hair styling, various infections like syphilis, alopecia areata and various hair shaft disorders. The diagnosis of diffuse hair loss can be carried out by proper history taking (for e.g., use of drugs and dyes, obstetric and menstrual history, family history), general examination (pallor, icterus, thyroid disorders) local examination (pattern of hair loss, colour, thinning), routine lab investigations and some specific investigations (Serum TSH, T3, T4, plasma testosterone, serum VDRL, serum HIV, zinc level). Dermoscopy plays an important role in diagnosis of various hair disorders. Management of hair loss can be divided as topical (for e.g., minoxidil, steroids), systemic (for e.g., antiandrogens, steroid pulse therapy), surgical modalities (hair transplant) and cosmetic substitutes (wigs). Platelet rich plasma therapy (PRP) is the newer modality in treatment of hair loss. We carried out a study of PRP in 10 patients out of which 8 patients had good response, of which 3 were young children under 15. Other 2 patients had minimal response with the therapy.

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Is it andogenetic alopecia?

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Androgenic alopecia is the most common cause of hair loss in men and women and the most common hair condition seen at the dermatology clinics. Most dermatologists are comfortable with diagnosing androgenic alopecia which at advanced stages is amenable for transplantation. However, other scarring and non-scarring hair loss conditions may mimic androgenic alopecia and be misdiagnosed and managed as androgenic alopecia. These cases may not be good transplant candidate and the underlying condition may worsen. It is very important for dermatologists and hair transplant surgeons to recognize these conditions and treat them to suppress their activity prior to transplanting them. In this presentation, we will discuss some of these conditions including but not limited to scarring alopecia in pattern distribution, Central Centrifugal Scarring Alopecia (CCCA), frontal fibrosing alopecia, diffuse alopecia areata, traction alopecia and senescent alopecia. We will highlight the differences between these conditions, provide clinical and trichoscopic clues to identify these androgenic mimickers and outline the main treatment options. At the end of this session, dermatologists and hair transplant surgeons will be able to identify the basic clinical diagnosis and underlying pathological condition of hair loss that are not always amenable for transplantation.

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