

Overview of Scalp Conditions

Aseem Sharma*

Department of Dermatology, Armed Forces Medical College, Pune, India

ABSTRACT

Most scalp conditions lead to hair loss or some type of skin rash. Many are hereditary. Malnutrition or infection can also cause scalp conditions. The treatment and your outlook depend on the condition that's causing the scalp problems. Skin conditions of the scalp Seborrheic eczema, or dermatitis, is a common inflammatory skin condition that causes flaky, scaly patches on the skin, especially the scalp. When those flakes fall off, it's called dandruff. Cradle cap is seborrheic eczema in infants. Psoriasis is a common inflammatory skin condition.

Keywords: Scalp disorders; Hypothyroidism; Alopecia; Psoriasis

INTRODUCTION

The scalp is usually described as having five layers, which can conveniently be remembered as a mnemonic:

- **S:** The skin on the head from which head hair grows. It contains numerous sebaceous glands and hair follicles.
- **C:** Connective tissue. A dense subcutaneous layer of fat and fibrous tissue that lies beneath the skin, containing the nerves and vessels of the scalp.
- **A:** The aponeurosis called epicranial aponeurosis (or galea aponeurotica) is the next layer. It is a tough layer of dense fibrous tissue which runs from the frontalis muscle anteriorly to the occipitalis posteriorly.
- **L:** The loose areolar connective tissue layer provides an easy plane of separation between the upper three layers and the pericranium. In scalping the scalp is torn off through this layer. It also provides a plane of access in craniofacial surgery and neurosurgery. This layer is sometimes referred to as the "danger zone" because of the ease by which infectious agents can spread through it to emissary veins which then drain into the cranium. The loose areolar tissue in this layer is made up of random collagen I bundles, collagen III. It will also be rich in glycosaminoglycans (GAGs) and will be constituted of more matrix than fibers. This layer allows the more superficial layers of the scalp to shift about in relation to the pericranium.
- **P:** The pericranium is the periosteum of the skull bones and provides nutrition to the bone and the capacity for repair. It may be lifted from the bone to allow removal of bone windows (craniotomy).

The clinically important layer is the aponeurosis. Scalp lacerations through this layer mean that the "anchoring" of the superficial layers is lost and gaping of the wound occurs which would require

suturing. This can be achieved with simple or vertical mattress sutures using a non-absorbable material which is subsequently removed at around days 7-10.

There are many different types of scalp conditions, resulting from a variety of causes. Here's a list of few possible scalp conditions [1].

HAIR LOSS

The American Academy of Dermatology (AAD) notes that 80 million men and women in America have hereditary hair loss (alopecia). It can affect just the hair on your scalp or your entire body. Although alopecia is more prevalent in older adults, excessive hair loss can occur in children as well. It's normal to lose between 50 and 100 hairs a day. With about 100,000 hairs on your head, that small loss isn't noticeable. New hair normally replaces the lost hair, but this doesn't always happen. Hair loss can develop gradually over years or happen abruptly [2]. Hair loss can be permanent or temporary. It's impossible to count the amount of hair lost on a given day. You may be losing more hair than is normal if you notice a large amount of hair in the drain after washing your hair or clumps of hair in your brush. You might also notice thinning patches of hair or baldness. If you notice that you're losing more hair than usual, you should discuss the problem with your doctor. They can determine the underlying cause of your hair loss and suggest appropriate treatment plans.

MALE PATTERN BALDNESS

Male pattern baldness, also called androgenic alopecia, is the most common type of hair loss in men. According to the U.S. National Library of Medicine (NLM), more than 50 percent of all men over the age of 50 will be affected by male pattern baldness to some extent [3].

Correspondence to: Aseem Sharma, Department of Dermatology, Armed Forces Medical College, Pune, India, Tel: 7539518246; E-mail: ASharma0123@gmail.com

Received: February 02, 2020; **Accepted:** February 16, 2021; **Published:** February 23, 2021

Citation: Sharma A (2021) Overview of Scalp Conditions. Hair Ther Transplant. 11:158.

Copyright: © 2021 Sharma A. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

SEBORRHEIC ECZEMA (CRADLE CAP)

Seborrheic dermatitis, also known as seborrheic dermatitis, is a very common skin condition that causes redness, scaly patches, and dandruff. It most often affects the scalp, but it can also develop in oily areas of the body, such as the face, upper chest, and back [4]. When infants develop this condition, it's known as crib cap. It typically develops within the first few weeks of life and gradually disappears over several weeks or months.

PSORIASIS

Psoriasis is a common skin condition. It features raised and scaly red patches, or plaques, on the skin. It's a chronic condition with symptoms that may worsen at times and then improve. It's also considered an autoimmune disease. This means your immune system causes harm to your body instead of protecting it.

RINGWORM OF THE SCALP (TINEA CAPITIS)

Ringworm of the scalp is not really a worm, but a fungal infection. It gets the name ringworm because the fungus makes circular marks on the skin, often with flat centers and raised borders. Also called Tinea capitis, this infection affects your scalp and hair shafts, causing small patches of itchy, scaly skin. Ringworm is a highly contagious infection that's usually spread through person-to-person contact or by sharing combs, towels, hats, or pillows. Ringworm is most common in children, but can infect a person of any age.

ALOPECIA AREATA

Alopecia areata is a condition that causes hair to fall out in small patches, which can be unnoticeable. These patches may connect, however, and then become noticeable. The condition develops when the immune system attacks the hair follicles, resulting in hair loss. Sudden hair loss may occur on the scalp and in some cases the

eyebrows, eyelashes, and face, as well as other parts of the body. It can also develop slowly and recur after years between instances. The condition can result in total hair loss, called alopecia universalis and it can prevent hair from growing back. When hair does grow back, it's possible for the hair to fall out again. The extent of hair loss and regrowth varies from person to person. There's currently no cure for alopecia areata. However, there are treatments that may help hair grow back more quickly and that can prevent future hair loss, as well as unique ways to cover up the hair loss [5].

CONCLUSION

Scalp conditions occur as a result of poor hygiene, infections by bacteria and fungi or harsh hair care. Irrespective of the cause, there are ways to treat them effectively as mentioned above. Always talk to your dermatologist before considering a treatment method. A healthy scalp means healthy hair. Resources are also available to help people cope with stress related to hair loss. Handle your scalp and hair with care, always.

REFERENCES

1. Price VH. Treatment of hair loss. *N Engl J Med*. 1999; 341:964-973.
2. Nyholt DR, Gillespie NA, Heath AC, Martin NG. Genetic basis of male pattern baldness. *J Invest Dermatol*. 2003;121:1561-1564.
3. Schwartz RA, Janusz CA, Janniger CK. Seborrheic dermatitis: An overview. *Am Fam Physician*. 2006;74:125-130.
4. Kimball AB, Gladman D, Gelfand JM, Gordon K, Horn EJ, Korman NJ, et al. National psoriasis foundation clinical consensus on psoriasis comorbidities and recommendations for screening. *J Am Acad Dermatol*. 2008;58:1031-1042.
5. Happle R, Hausen BM, Wiesner-Menzel L. Diphenylpyrone in the treatment of alopecia areata. *Acta Derm Venereol*. 1983;63:49-52.