



DERMOSCOPY AND SKIN IMAGING

TRICHOSCOPY IN THE DIAGNOSIS OF ALOPECIA AREATA, AND TINEA CAPITIS ABOUT 146 CASES

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Introduction: Alopecia areata is an autoimmune disease responsible for the abrupt appearance of alopecic plaques, without modification of the skin. Tinea capitis is an often squamous alopecic mycosis, common in children.

Both pathologies can be confusing, hence the need to improve the diagnosis.

Objective: to compare the trichoscopic signs of two pathologies.

Materials and Methods: Analytical descriptive study involving 146 patients over a period of 2 years.

The diagnosis of the alopecia areata was clinical, rarely histologic. As for tinea capitis, the diagnosis was confirmed by the mycological examination.

All patients underwent a trichoscopic examination by the digital trichoscope Dinolite, the results are entered on the EPI info, and compared by X².

Results: 132 cases of alopecia areata (including 18 children), 14 cases of tinea capitis. (including 14 children). The x² test comparison showed trichoscopic signs that were significant (P <0.001): yellow dots (90%), exclamation point hair (76%), vellus hair (37%), and cadaverized hair (31%). Black dot were not significant (67.5%) (P = 0.81).

In tinea capitis, the significant signs (p <0.001) were: comma hair (92.85%), corkscrew (42.85%), and morse code like (21.42%).

In our study, exclamation point hair, yellow dots, vellus hair, and cadaverized hair favored alopecia areata. The comma hair, corkscrew, and morse code like were in favor of tinea capitis.

Conclusions: the diagnosis of alopecia areata and tinea capitis is sometimes difficult. Trichoscopy is a non-invasive, simple way, allows rapid diagnosis, and monitoring of alopecia.

