

DERMOSCOPY AND SKIN IMAGING

TRICHOSCOPY IN TRICHOTILLOMANIA: ABOUT 37 CASES

Bouakkaz Abderrachid ⁽¹⁾ - Chibane Attika ⁽²⁾ - Kihal Okba ⁽³⁾ - Matari Abdelmalek ⁽⁴⁾ - Dieridane Assia ⁽¹⁾

Dermatology, University Hospital Ain Naadja (hca), Algiers, Algeria (1) - Pediatrics, University Hospital Ain Naadja (hca), Algiers, Algeria (2) - Dermatology, Doctors Office Rouiba, Algiers, Algeria (3) - Epidemiology, University Hospital Ain Naadja (hca), Algiers, Algeria (4)

Introduction: Trichotillomania is a compulsive disorder in which the patient pulls out his hair. Trichoscopy (dermatoscopy of hair and scalp) facilitates the diagnosis of hair and scalp disorders.

Objective: to determine the trichoscopic signs of trichotillomania, and compare them to those of the alopecia areata

Materials and Methods: An analytical descriptive study involving 37 patients with trichotillomania and 132 patients with alopecia areata over a period of 2 years.

The diagnosis was clinical, rarely histological.

All patients underwent a trichoscopic examination by the digital trichoscope Dinolite, the results were entered on the EPI info, and compared by X^2 .

Results: 37 patients with trichotillomania, 8 men, 29 women, 13 children, the average age is 21 years, the average change was 14 months. The most frequent site was the forehead in 51% of patients, followed by the temple in 29%, the occiput in 11%, and the diffuse form in 9% of patients. The trichoscopic signs were: broken hair (100%), trichoptilosis (89.18%), exclamation mark hair (51.35%), tulip hair (51.35%), black dot (64.86%), cadaverized hair (in flame) (45.94%), coiled hair (arobasis) (37.83%), yellow dot (35.13%), and V-sign (24%).

Compared with the trichoscopic signs of alopecia areata (132 patients), the signs that were significant for trichotillomania (P 0.001): broken hair, trichoptilosis, tulip hair, coiled hair, and V-sign.

Signs were significant for the alopecia areata: yellow dot (90%) (P=0.001), and exclamation mark hair (76%) (P=0.002). The signs were not significant: black dot (67.5%) (P=0.09), and cadaverized hair (31%) (P=0.13).

Conclusions: trichoscopy is a simple, fast and inexpensive method for diagnosing and











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monitoring trichotillomania.





