

HAIR DISORDERS

BEARD ALOPECIA AREATA: THROUGH A HOSPITAL SERIES OF 42 CASES.

Safa Idoudi⁽¹⁾ - Aicha Arousse⁽¹⁾ - Lobna Boussoffara⁽¹⁾ - Rima Gammoudi⁽¹⁾ - Sana Mokni⁽¹⁾ - Amina Aounallah⁽¹⁾ - Colondane Belajouza⁽¹⁾ - Mohamed Denguezli⁽¹⁾ - Rafiaa Nouira⁽¹⁾

Farhat Hached Hospital, Dermatology, Sousse, Tunisia (1)

Introduction: The alopecia areata AA is a well-known clinical entity. Although clearly individualized, studies identifying its epidemiological and clinical characteristics are rare.

Objective: The purpose of our work was to establish the epidemiological-clinical profile of the beard AA.

materials and methods: We conducted a prospective descriptive study from 2012 to 2017 collating all the cases of beard alopecia in the dermatology department of Farhat Hached Hospital Sousse, Tunisia.

Results: 83 men with AA were identified, of whom 42 with beard involvment(50.6%). The average age was 33 years. The average duration of evolution was 4.6 years. A family history of AA was found in 8 cases(19%). The AA was associated with atopy in 5 cases(11.9%), autoimmune dysthyroidy in 4 cases(9.5%) and type 1 diabetes in 1 case. Involvment of the beard was associated with a moderate clinical form of AA in 23cases(54.7%) and with severe AA in 18 cases(42.8%). One case presented isolated AA. Nail damage was observed in 15 cases(35.7%) with pitting(6 cases), leuconychia(5 cases) and Trachyonychia(4 cases).

Topical corticosteroids was used in all cases associated with minoxidil in 31cases(68.8%) and solumedrol boluses in 14 severe cases. An average follow-up of 15 months was done in 36 patients. A complete regrowth without recurrence was objectified in 32 cases and an unfavorable evolution in 4 cases.

Conclusion: Our study investigated the epidemioclinical characteristics of the beard AA. Our results are similar to those of the literature in terms of the average age of the patients affected, and evolution by relapses. They are distinguished by the rarity of cases of isolated AA. The associated damage of the scalp testifies to a single pathological mechanism. Several authors advocate regular monitoring of patients with isolated AA in order to detect a scalp extension. Available treatments are similar to those used in scalp involvement.





