HAIR DISORDERS

DERMOSCOPIC FINDINGS IN CENTRAL CENTRIFUGAL CICATRICIAL ALOPECIA, ANDROGENETIC ALOPECIA, AND CCCA/AGA OVERLAP IN WOMEN WITH SKIN OF COLOR

U Okereke [1] - H Phillips [2] - V Callender [3]

University Of Iowa Hospitals And Clinics, Dermatology, Iowa City, United States [1] - Callender Dermatology And Cosmetic Center, Dermatology, Glenn Dale, United States [2] - Howard University College Of Medicine/callender Dermatology And Cosmetic Center, Dermatology, Glenn Dale, United States [3]

Background: Central centrifugal cicatricial alopecia (CCCA) is a progressive form of lymphocyte predominant scarring alopecia that starts at the crown and spreads in a peripheral or centrifugal pattern and is commonly seen in African and African American women. Androgenetic alopecia (AGA) in women results in diffuse thinning of hair on the scalp due to increased hair shedding or a reduction in hair volume, or both. While patients may present with CCCA or AGA, a number of patients may have a mixed picture of CCA/AGA, which may present a diagnostic challenge. The use dermoscopy may aid in the identification of appropriate biopsy sites for diagnosis.

Primary objective: To determine the predictive value of dermoscopy in identifying clinically active disease with histologic correlation.

Secondary objective: To characterize the clinical findings on dermoscopy of CCCA, AGA, and CCCA/AGA overlap in correlation with histopathologic findings.

Methods: Retrospective chart review of African American women with a clinical and histopathologic diagnosis of CCCA, AGA, or CCCA/AGA overlap.

Results: Preliminary results showed that of 13 patients, 7 had CCCA, 3 had AGA, and 3 had CCCA/AGA overlap. Characteristic findings on dermoscopy correlated with histopathologic findings. Results also demonstrated that CCCA can be characterized into 3 stages: early, end stage, and inflammatory. In early CCCA, a perihilar blue-gray halo with normal pigment network was identified. In end stage CCCA, a perihilar blue-gray halo with background erythema was identified. In inflammatory CCCA, significant erythema with a normal pigment pattern was identified. 92% of the patients' dermoscopic exam correlated with histopathologic findings.

Conclusion: Our results show the effectiveness of dermoscopy in the diagnosis of CCCA, AGA, and CCCA/AGA overlap; its usefulness in identifying high yield biopsy sites; and its utility in monitoring treatment response.