



HAIR DISORDERS

POST-THERAPY RELAPSE IN ALOPECIA TOTALIS AFTER SUCCESSFUL TREATMENT WITH INTRALESIONAL CORTICOSTEROID INJECTION AND ORAL IMMUNOMODULATOR:

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Background: Alopecia areata (AA) is a chronic, recurrent, and non-scarring hair loss which may affect all hair-bearing area. There are three clinical patterns: patch AA, alopecia totalis and alopecia universalis. Patients may show spontaneous recovery or good response to the treatment, but the disease may follow a course of relapse. Therefore, AA may cause psychological distress. Counseling and education about the nature, the prognosis and the best available treatment are important in managing AA. We report a case of recurrent alopecia totalis following a successful treatment six years prior visit.

Observation: A 19-year old- Asian female admitted to our clinic due to recurrent hair loss in the last three months. Six years prior visit, patient was diagnosed alopecia totalis. Laboratory findings revealed high titer of anti-cytomegalovirus and anti-rubella IgG and the histopathologic findings revealed AA. Formerly she was treated with topical minoxidil, triamcinolone acetonide injection once in two weeks, oral valacyclovir, oral isoprinosine and low-level laser therapy (LLLT). In two-year-period of follow up, the response was satisfying. After four years of remission, she started to have patchy hair loss.

Dermatological examination revealed six nummular well-defined alopecia patch all over her parietal, temporal and occipital scalp. Dermoscopic findings are black dots, exclamation mark hair, short vellus hair and upright regrowing hair. Laboratory findings show increasing anti-cytomegalovirus IgG titer (128.4 AU/ml). Patient was treated with triamcinolone injection and LLLT once. Follow-up will be reported later.

Key message: Relapse in AA is common. It should be informed during education and counseling. Long term follow-up is essential in managing patient with AA.

