



HAIR DISORDERS

SIX CASES OF PEDIATRIC ALOPECIA AREATA SUCCESSFULLY TREATED USING AN IMMUNOMODULATOR

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Background: Alopecia areata (AA) is a nonscarring hair disorder that equally affects male and female patients and the most common form of alopecia seen in children. Alopecia areata is a chronic, organ-specific autoimmune disease, that mediated autoreactive CD8+ T cells and affecting hair follicles as well the nail. The exact cause of AA remains unknown. However, genetic, environment, and individual factors including autoimmune process have been proposed to play a major role in developing AA. Due to this multifactorial involvement of AA, the use of standard treatment such as topical steroid and minoxidil are usually ineffective.

Observation: We reported five cases of alopecia totalis and one case of alopecia universalis in children. All the patient have a history of hair loss and have a blood serology test showed a high seropositive IgG or IgM for virus infection such as rubella, cytomegalovirus (CMV), and/or herpes simplex virus type 1 (HSV-1). Patient treated with a combination of topical corticosteroid, minoxydil lotion, oral valacyclovir, and immunomodulator which is an oral isoprinosine. Oral isoprinosine given to the patients 4 times 10mg/kg/day, two times a week for three weeks in a month. All the patient revisited each month for evaluation. Their hair started to grow after two months starting the combination therapy. Following six months of treatment, there was an excellent improvement and all the regiment therapy were generally well tolerated.

Key message: Although the role of viral or bacterial infection is still controversial in causing alopecia areata. Children with positive viral or bacterial serology that unaffected with the standard treatment should be given an oral immunomodulator as the additional therapy.

