

HAIR DISORDERS

## THE CONTRIBUTION OF TRICHOSCOPY IN DIAGNOSTIC OF ALOPECIA

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Introduction: Alopecia of the scalp are multiple, the diagnosis of which requires variable examinations that can go as far as the cutaneous biopsy.

Objective: we have evaluated the utility of trichoscopy in difficult cases of alopecia. We have seen through our study the contribution of a non-invasive tool (trichoscopy) in the diagnosis of alopecia.

Materials and Methods: We have realized prospective descriptive study in 602 patients of alopecia (504 non-cicatricial, 98 cicatricial (confirmed by biopsy), over a period of 2 years. We have used Dinolite digital trichoscope (x50). The results are entered on the EPI info, and compared by  $X^2$ .

Results: This is settled by a diagnostic algorithm. Yellow dots (60.1%) were the most common trichoscopic Feature followed by vellus hair (39.7%). in androgenetic alopecia: diameter diversity more than 20% (p< 0.001) and Vellus hair (p< 0.001), peripilar sign (p<0,001). In telogen effluvium: isotrichy, regrowth hair (p<0,001). In alopecia areata: exclamation mark hair (p: 0,002). In trichotillomania: trichoptilosis, tulip hair, coiled hair, are specific (p<0,001). In tinea capitis: comma hair, corkscrew hair, morse code like, are specific (p<0,001). In lichen pilaris: tubular scaling (p=0, 0015). In discoid lupus: follicular plugging (p=0, 0018), arborizing red loops (p<0,001) is specific. In folliculitis decalvans: tuft hair, pustular (p<0,001). Dissecting cellulitis: tuft hair, soap bubble (p<0,001).

Conclusions: trichoscopy is non-invasive tool, interesting, useful for rapid diagnosis of alopecia.





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