



PAEDIATRIC DERMATOLOGY

ALOPECIAS ASSOCIATED WITH INTERNAL DISEASES IN CHILDHOOD

Aniko Dozsa⁽¹⁾ - Pauleczki Annamária⁽²⁾ - Eniko Lengyel⁽³⁾ - Zoltan Szollosi⁽⁴⁾ - Judit Kovacs⁽⁴⁾ - Erzsebet Szakos⁽¹⁾

Borsod-abauj-zemplen County Central Hospital And University Teaching Hospital, Paediatric Dermatology, Miskolc, Hungary⁽¹⁾ - Borsod-abauj-zemplen County Central Hospital And University Teaching Hospital, Neurology, Miskolc, Hungary⁽²⁾ - Borsod-abauj-zemplen County Central Hospital And University Teaching Hospital, General Dermatology Unit, Miskolc, Hungary⁽³⁾ - Borsod-abauj-zemplen County Central Hospital And University Teaching Hospital, Pathology, Miskolc, Hungary⁽⁴⁾

Background: Hair follicles are skin appendages consisting of modified keratinocytes, located in the dermis. Stem cells, which build up these appendages are already presented at a very early stage (8th week) of embryogenesis. Thus, parallel with all the changes in the organs during embryogenesis, structure of hair follicles changes as well. Furthermore, if germ cells are damaged, hair growth stops. Also, due to abnormal immunogenic background, alopecia might be associated with internal diseases.

The authors present six rare cases of alopecia in childhood that are associated with internal/developmental diseases. To diagnose a syndrome, the following symptoms have to be defined by the dermatologist: type (cicatricial or noncicatricial) and form (diffuse or localized) of alopecia, localization on the scalp, time course of symptoms (onset starts from birth or later), and progression (progressive or fluctuating). Also, presence of possible accompanying dermatosis must be described.

Observation: Hair follicle aplasia results in bald, cicatricial spots of fontanelle in aplasia cutis congenita. Bald spots can also develop in hair follicle aplasia with naevus sebaceous localized on any side of scalp. After decubitus heals in childhood, cicatricial bald spots still remain on scalp. Gomez – Lopez –Hernandez syndrome is associated with symmetrical parietal noncicatricial alopecia, accompanied by growth of small vellus hair on the area. Unique association of alopecia areata is observed in autoimmune diseases: M. Crohn-arthritis-alopecia areata totalis, achalasia-alopecia areata, lichen sclerosus-alopecia areata. In these cases, alopecia areata is associated with exacerbation and remission course, parallel with the internal disease.

Key messages: The above described alopecias are easily detectable in most cases. Diagnosis and definition of alopecia is straightforward by inspection or by trichoscopy, and may give a chance for early and fast diagnosis and treatment of accompanying internal





diseases.

