



HAIR DISORDERS

HAPTEN SENSITIZATION FOR TREATMENT OF ALOPECIA AREATA

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Alopecia Areata (AA) is a quite common non-scarring alopecia, and is usually recovered spontaneously without any treatment. However, the alopecic patch is large or located peripherally on the scalp, and the prognosis for spontaneous recovery becomes worse. Different treatment modalities have been tried for the treating severe AA, and topical immunotherapy is the best documented one in these severe or refractory cases. Dinitrochlorobenzene (DNCB), squaric acid dibutylester (SADBE), and diphencyprone (DPCP) have been used as the contact haptens or allergens for topical immunotherapy. DNCB has been reported to be mutagenic and is no longer used in clinics. SADBE and DPCP seem to have comparable efficacy and relapse rate, but SADBE requires special solvents and is more expensive than DPCP. Practically DPCP is used most commonly worldwide including Korea.

In our clinic in Seoul, Korea, we usually used 0.01 % DPCP solution on the upper arm to sensitize. After sensitization, we apply 0.0001~ 0.001 % solution directly to the scalp at every 2-4 weeks interval depending on the clinical response of each patient. DPCP has a very similar response rate in Korea to that of literature varying from 60% in severe AA to 17% in patients with alopecia totalis or universalis, and shows about 88 to 100% high response rate in patients with patchy alopecia.

