HAIR DISORDERS

TRICHOSCOPY - A VALUABLE TOOL IN PREVENTING DIAGNOSTIC ERRORS IN ALOPECIA AREATA

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Alopecia Areata is a form of autoimmune hair loss, characterized by chronic, recurrent and non-scarring alopecia. Alopecia Areata affects nearly 2% of the general population at some point during their lifetime. Some patients with Alopecia Areata lose small patches of hair from their scalp, but others lose more or all of the hair from the scalp and body, including eyebrows and eyelashes. The prognoses of patients are very diverse.
The diagnosis of Alopecia Areata is usually based on clinical manifestations. However, there are several hair and scalp disorders that share similar clinical features with Alopecia Areata. Differnitial diagnosis of Alopecia Areata includes: Tinea Capitis, Trichotillomania, Traction Alopecia, Lupus, Secondary Syphilis, Lichen Planopilaris and Triangular Alopecia. Sometimes, it is not easy to make differential diagnosis between them, especially at the early stages of the disease without the help of Trichoscopy.
Trichoscopy is a non-invasive and easy to perform method used for evaluation and diagnosing of hair and scalp diseases. Using digital assessment and magnification technique, it can identify subtle details and help to establish the correct diagnosis.
Trichoscopic features of Alopecia Areata are: In active Alopecia Areata- black dots, micro-exclamation mark hairs, broken hairs, monilethrix-like hairs, trichorrhexis nodosa; In Longstanding inactive disease- yellow dots, vellus hairs, follicular openings may not be visible; In hair regrowth- upright regrowing hairs, pigtail hairs (oval or circular), vellus hairs.
Therefore, the diagnosis of Alopecia Areata should be based on the clinical manifestations and the coexistence of several trichoscopic findings, not on the presence of a single feature.