ABSTRACT BOOK
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HAIR DISORDERS

A CLINICO-TRICHOSCOPIC STUDY OF FEMALE PATTERN HAIR LOSS

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Introduction: Female pattern hair loss (FPHL) is a common cause of diffuse scalp hair loss in women. Trichoscopy is a non-invasive, quick, objective, bed side analytical method of hair imaging based on video dermoscopy of scalp which increases clinician's diagnostic accuracy and eliminates need of skin biopsy and frequent follow ups. The trichoscopic criteria for definite diagnosis of FPHL were laid down by Rakowska et al. To the best of our knowledge, no study has correlated clinical severity of FPHL with trichoscopic diagnostic criteria laid down by Rakowska et al.

Objective: To study the clinical features of FPHL, to study the trichoscopic features of FPHL and to correlate the trichoscopic features according to clinical grade of FPHL.

Materials and Methods: 50 female patients clinically diagnosed with FPHL of ages 18 – 69 years were enrolled after considering various exclusion and inclusion criteria. 50 age and sex matched controls were enrolled. Hb%, thyroid profile(T3,T4,TSH) and serum ferritin were done in all cases and controls. Grading of cases was done using Sinclair scale. Trichoscopy was performed and patients were categorized using diagnostic criteria set by Rakowska et al. Clinical and trichoscopic features of cases were then correlated.

Results: >4 yellow dots in frontal area, >2:1 ratio of single hair units (frontal:occiput) & >3:1 ratio of hair with perifollicular discoloration (frontal: occiput) are mainly seen in late stages of FPHL i.e. grade 2 & 3 while lower mean hair thickness in frontal area & > 10% thin hairs in frontal area are seen in all stages of FPHL.

Conclusions: Trichoscopy is a non-invasive, bedside, safe, diagnostic tool which can be used for rapid diagnosis of various scalp disorders including FPHL. Trichoscopy confirms the diagnosis of FPHL and correlates both age and trichoscopic features with clinical severity.

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