

Disease Associated with Clinically Diagnosed Untreated Patient of Alopecia Areata

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Abstract

Background: To study the disease associated with clinically diagnosed untreated patient of Alopecia Areata.

Methods: The prospective cross-sectional study was conducted on 100 selected alopecia areata patient's data were recorded in proforma as epidemiological data (name, age, sex & occupation), relevant history, clinical examination including general, systemic and cutaneous examination, laboratory investigation, treatment history and characteristic lesion were also like; Number of patches, distribution, pattern, morphology, and characteristic dermatoscopic finding were noted

Results: In our study 20.90% patients were present with associated disease, maximum (15.45%) patients were present with atopy followed by 2.72% thyroid disease, 0.91% diabetic, down syndrome, psoriasis respectively.

Conclusion: Majority of patients were associated with atopy.

Keywords: Associated disease, Alopecia areata, DM, HT.

Introduction

Alopecia is a general term for hair loss. Alopecia areata is a common cause of non-scarring (does not cause scarring to the scalp) hair loss that can occur at any age. It usually causes small, coin-sized, round patches of baldness on the scalp, although hair elsewhere such as the beard, eyebrows, eyelashes, body and limbs can be affected. In some people larger areas are affected and occasionally it can involve the whole scalp (alopecia totalis) or even the entire body and scalp (alopecia universalis). It is not possible to predict how much hair will be lost. Regrowth of hair in typical alopecia areata is usual over a period of months or sometimes years, but cannot be guaranteed. The chances of the hair regrowing are better if less hair is lost at the beginning. Most

people, with only a few small patches get full regrowth within a year. If more than half the hair is lost then the chances of a full recovery are not good. The hair sometimes regrows white, at least in the first instance. Most people get further attacks of alopecia areata. In alopecia totalis and alopecia universalis, the likelihood of total regrowth is less.¹⁻⁴

Material and Methods

The prospective cross-sectional study was conducted on 100 selected alopecia areata patient's data were recorded in proforma as epidemiological data (name, age, sex & occupation), relevant history, clinical examination including general, systemic and

cutaneous examination, laboratory investigation, treatment history and characteristic lesion were also like; Number of patches, distribution, pattern, morphology, and characteristic dermatoscopic finding were noted.

Inclusion criteria:

- All clinically diagnosed case of AA
- Who had given informed consent
- Untreated patient.

Exclusion Criteria:

- Patient who had already treated and refused

to examine.

Data Analysis:

To collect required information from eligible patients a pre-structured pre-tested proforma was used. For data analysis Microsoft excel and statistical software Epi-info was used and data were analyzed with the help of frequencies, figures, proportions, measures of central tendency.

Results

Table 1: Socio-demographic profile

Mean age	20.12±10.02 Yrs
Male : female	76:24

Mean age of patient was 20.12±10.02 Yrs. Male female ration was 76:24.

Table 2: Association with other disease

Associate disease	No of patients (n=100)	Percentage
Diabetes	2	2.00
Atopy	15	15.00
Down syndrome	2	2.00
Thyroid	3	3.00
Psoriasis	1	1.00

In our study maximum (15.00%) patients were present with atopy followed by 3.00% thyroid disease, 2.00% diabetic, down syndrome, psoriasis respectively.

Discussion

Alopecia areta (AA) is an autoimmune disease which frequently starts in childhood.^{5,6} It has variable presentation not only in the time of onset but also in the duration, extent, and pattern of hair loss.^{7,8} Moreover, the course of disease is unpredictable as such there is spontaneous regrowth of hair occurring in 80% of patients within the 1st year and sudden relapse in some patients.^{9,10} Due to the clinical variability and unpredictable nature of disease, diagnosis and management may be difficult and challenging. Nowadays, dermoscopy is used for the evaluation of hair loss either scarring or nonscarring.

Dermoscopic finding helps in diagnosing different cause of hair loss and obviate unnecessary biopsies¹¹

Globally, the incidence of Alopecia Areata varies from 0.57% to 3.8%.¹² In India, it is 0.7% according to a hospital-based study.³ The mean age of onset of Alopecia Areata is in the fourth decade of life. However, in Beard alopecia areata the onset of disease can occur over a wide range of ages. ⁴ In our study, it was 23.76±12.50 years, which is in accordance with the mean age of 39.1 years as reported by Saceda-Corralo et al. ¹³ The mean age of participants was 26.32 years and similar result observed by with Rudnicka *et al.*'s study, Karain's study (25 years), and also in Karadağ Köse and Güleç's study (25.15 years).^{14,15}

Conclusion

Majority of patients were associated with atopy

References

1. Wasserman D, Guzman-Sanchez DA, Scott K, et al. Alopecia areata. *Int J Dermatol* 2007;46(2):121-31.
2. Alkhalifah A, Alsantali A, Wang E, et al. Alopecia areata update: part I. Clinical picture, histopathology and pathogenesis. *J Am Acad Dermatol* 2010;62(2):177-88.
3. Ikeda T. A new classification of alopecia areata. *Dermatologica* 1965;131(6):421-45.
4. Tosti A, Piraccini BM, Pazzaglia M, et al. Clobetasol propionate 0.05% under occlusion in the treatment of alopecia totalis/universalis. *J Am Acad Dermatol* 2003;49(1):96-8
5. D'Ovidio R. Alopecia areata: News on diagnosis, pathogenesis and treatment. *G Ital Dermatol Venereol*. 2014;149:25–45.
6. Bertolino AP. Alopecia areata. A clinical overview. *Postgrad Med*. 2000;107:81.
7. Mounsey AL, Reed SW. Diagnosing and treating hair loss. *Am Fam Physician*. 2009;80:356–62.
8. Finner AM. Alopecia areata: Clinical presentation, diagnosis, and unusual cases. *Dermatol Ther*. 2011;24:348–54.
9. Ito T. Recent advances in the pathogenesis of autoimmune hair loss disease alopecia areata. *Clin Dev Immunol* 2013. 2013:348-546.
10. Lew BL, Shin MK, Sim WY. Acute diffuse and total alopecia: A new subtype of alopecia areata with a favorable prognosis. *J Am Acad Dermatol*. 2009;60:85–93.
11. Jain N, Doshi B, Khopkar U. Trichoscopy in alopecias: Diagnosis simplified. *Int J Trichology*. 2013;5:170–8.
12. Gilhar A, Etzioni A, Paus R. Alopecia areata. *N Engl J Med* 2012;366:1515-25
13. Saceda-Corralo D, Grimalt R, Fernandez-Crehuet P, Clemente A, Bernardez C, Garcia-Hernandez MJ, et al. Beard alopecia areata: A multicentre review of 55 patients. *J Eur Acad Dermatol Venereol* 2017;31:187-92
14. Rudnicka L, Olszewska M, Rakowska A, Slowinska M. Trichoscopy update 2011. *J Dermatol Case Rep*. 2011;5:82–8
15. Karadağ Köse Ö, Güleç AT. Clinical evaluation of alopecias using a handheld dermatoscope. *J Am Acad Dermatol*. 2012;67:206–14.