



## **Alopecia Areata**

Alopecia areata is a common disorder. One person in 1,000 will have the disease at any given time. It most commonly affects the scalp, but other hair-bearing areas can be involved including the beard, eyebrows, eyelashes, and body or pubic hair. Nails will be involved in about 10% of the cases. Nail changes usually consist of rough, ridged, or lackluster or small pits (dents) in the nails.

The disease often occurs as one or two round patches of hair loss. In extreme cases, patients lose all scalp hair (alopecia totalis) or even all scalp and body hair (alopecia universalis). This disease affects all races and is found equally in males and females. It is not contagious. Some patients recover completely while others have recurrent or persistent problems.

The exact cause of this disorder is unknown; however, it appears that there is an immunologic basis. Simply speaking, the immune system gets “out of tune” and rejects the hair, causing it to fall out. Similar diseases such as vitiligo (white spot disease) and thyroiditis (an inflammation of the thyroid) are more common in both people with alopecia areata and their family members.

Dermatologists most often diagnose this disorder based on the history and by an examination. Occasionally, laboratory tests may be recommended. These include a hair pull for microscopic examination, a skin biopsy, hair cultures for fungus, and blood tests. Most cases do not require lab tests.

Several treatments are available, but the response to treatment is slow and unpredictable. In some cases, cortisone creams or liquids are applied to the area or cortisone may be injected into the area of hair loss. This can cause the skin to thin and to lose color (depigmentation). Anthralin is sometimes applied to the area and washed off after a period of time. This can cause skin irritation and temporary skin discoloration. Other treatments that have been used with mixed results include PUVA (oral Psoralen and exposure to ultraviolet light), Minoxidil (Rogaine), chemicals which cause a contact allergy, Protopic, and other experimental prescriptions.

To date, there has been no treatment discovered that works in all patients. Patients may get better initially, then have a relapse (have hair loss return). It is common for one spot to regrow hair, then for other new bald spots to appear at other sites. In general, however, most children with this condition do well with time.