November 26-28, 2012 Hilton San Antonio Airport, USA

Trichoscopy of adult alopecia areata-a study of patterns findings

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Dermoscopy of hair-Trichoscopy allows to explore the hair at 10 to 800 magnifications and to observe precisely the types of hair, follicular openings, the peripilar signs and to follow up the evolution of the disease or the treatment efficacy prior to naked eye clinical observation (1). I studied 84 adults with 143 plaques of alopecia areata by trichoscopy before and after 3 months of treatment. 71.3% of plaques had regularly distributed yellow dots-corresponding to hyperkeratotic plugs in hair follicle; 51.7% had excalmation mark hair; 46.1% had distrofic –broken hair; 27.9% had cadaverised hairs-black dots in the hair follicles; 8.8% had short pseudo regrowing hairs-they are apparently regrowing but they are atrophic hairs and they are a sign of activity of alopecia areata. They mostly disappear at 3 months trichoscopic follow up; 13.2% had corkscrew hairs; 4.8% had circle hairs; 4.1% had vellus hairs-0.03 mm or less in thickness; 3.5% had white dots-feature of fibrosis; they have extensive and three years persistent alopecia areata; I didn't find any pseudomoniletrix hairs. The most frequent pattern is the presence of regular yellow dots(71.3%), the second is the presence of exclamation mark hairs (51.7%) and the third is the presence of distrofic-broken hairs (46.1%). The presence of pseudo regrowing hairs is a sign of the activity of alopecia areata (2). They are thin hairs that differs from normal thick real regrowing hairs-sign of the treatment efficacy.

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