

# Hair Loss

## ■ Alopecia Areata

- Alopecia areata (AA) is a fairly common hair disorder that can affect children and adults. Some patients may have family members who are affected as well.
- It is caused by the body's immune system attacking the hair follicles.
- AA is characterised by the sudden appearance of one or more round or oval patches of hair loss. Some patients may complain of mild itch or redness over the site of hair loss.
- Although most common on the scalp, the condition can affect other hair-bearing body sites (eg. eyebrows, armpits).



- Rarely, more severe patterns of hair loss may be seen [eg. alopecia totalis (loss of all scalp hair) and alopecia universalis (complete loss of all body hair)].
- Nail abnormalities are seen in 10 to 20% of cases, commonest being small pits on the nails. This can affect several or all nails (20-nail dystrophy).
- Although spontaneous re-growth of hair is common, the condition can recur and new patches may appear.
- Treatment options include:
  - Observation (especially for younger children)
  - Topicals (steroids creams/ hairsprays and minoxidil hairspray)

- Steroid injections (may be uncomfortable for some children)
- Oral steroids (for rapidly worsening AA).
- Topical immunotherapy using SADBE or DCP. (This is used for chronic, severe AA. This is performed in the clinic at weekly intervals and may require treatment for many months).
- Camouflage (eg. hair wigs and hats)

The doctor will discuss which treatment is most suitable for you/ your child.

## ■ Telogen Effluvium

- Telogen effluvium (TE) is the most common cause of generalised scalp hair loss in children. It can also occur in adults.
- It occurs due to an interruption in the normal growth of hairs.
- Conditions that can cause TE include acute illnesses (eg. high fever, dengue, hand, foot and mouth disease), surgery, medications and emotional stress. Sometimes a cause cannot be readily identified.
- More long-term TE has been associated with chronic illnesses (eg. thyroid abnormalities, iron deficiency, malnutrition and autoimmune diseases).
- TE presents with sudden onset of generalised hair loss, causing thinning of scalp hair. Light pulling of hair causes many hairs to drop out (hair pull test).
- TE tends to resolve spontaneously as long as the cause is removed. Complete regrowth of hair occurs within a few months and treatment is usually not required.

## ■ Traumatic Alopecia/ Trichotillomania

- Traumatic alopecia results from the forceful pulling or breaking of hair by friction, pressure, traction, or other physical trauma.
- The usual causes are prolonged tight tying or braiding of hair, frequent hair treatments and trichotillomania (see photo on next page).

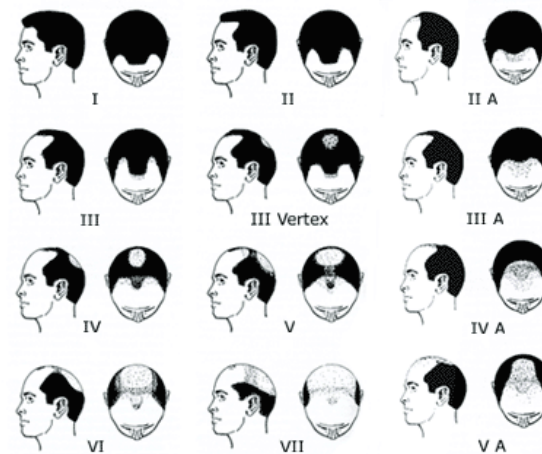
- Patients present with oval or linear areas of hair loss at the margins of the hair line, along the parting, or scattered around the scalp, depending on the type of traction or trauma.
- Treatment of traumatic alopecia is avoidance of the trauma, traction or pressure.
- Trichotillomania is a self-induced form of traction alopecia caused by habit plucking, pulling, or cutting of hair in a bizarre manner. The scalp is the most common site, but eyebrows and eyelashes may also be affected.
- The habit is usually practiced in bed before the child falls asleep (when parents are not noticing) or when the child is reading, writing, or watching television.
- Affected patches are irregularly shaped with small short stubby hairs broken off at different lengths.



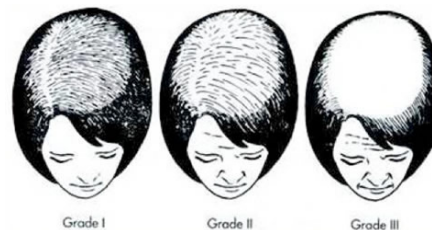
- The management of trichotillomania is often difficult and requires a strong bond between the patient, doctor and parents. Treatment may involve identifying and reducing stress factors and changing of behaviour. More severe cases may require help from paediatric psychologists or psychiatrists.

### ■ Androgenetic Alopecia (AGA)

- Androgenetic alopecia (AGA) occurs in both males (male-pattern baldness) and females (female-pattern hair loss), and is the most common cause of hair loss in adults. However, it can also begin in teenage years.
- Many patients have a family history of the condition.
- AGA is characterised by progressive hair loss from the scalp in a specific pattern. Most patients report thinning of scalp hair rather than actual hair loss.



AGA - Male-pattern



AGA - Female Pattern

- AGA will worsen without treatment, with the rate of worsening variable in different patients.
- The aim of treatment is to slow further thinning of the hair and to promote hair growth. Discontinuation of treatment will lead to recurrence of hair loss after several months.
- Topical minoxidil has been shown to promote hair growth and decrease hair loss in males and females. This is available in lotion or foam forms. It should be applied on dry hair as using it on damp, moist hair may lead to dilution of the medication. Improvement is seen only after several months of use.
- Oral finasteride has been shown to be useful in males, but is not approved for use under 18 years of age. It is not approved for use in females of child-bearing age.
- Surgical treatment (eg. hair transplants) are reserved for more advanced cases in older adults.

### Useful telephone number

Central Appointments

6294-4050



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