بسم الله الرحمن الرحيم

DISORDERS OF HAIR

Hair

* Definition :

Keratinized product of hair follicle

* Function :

Social & sexual function

* Development & distribution :

Starts in 9th week in embryonic life in eyebrows, upper lip and chin, and then in other regions in 4th month

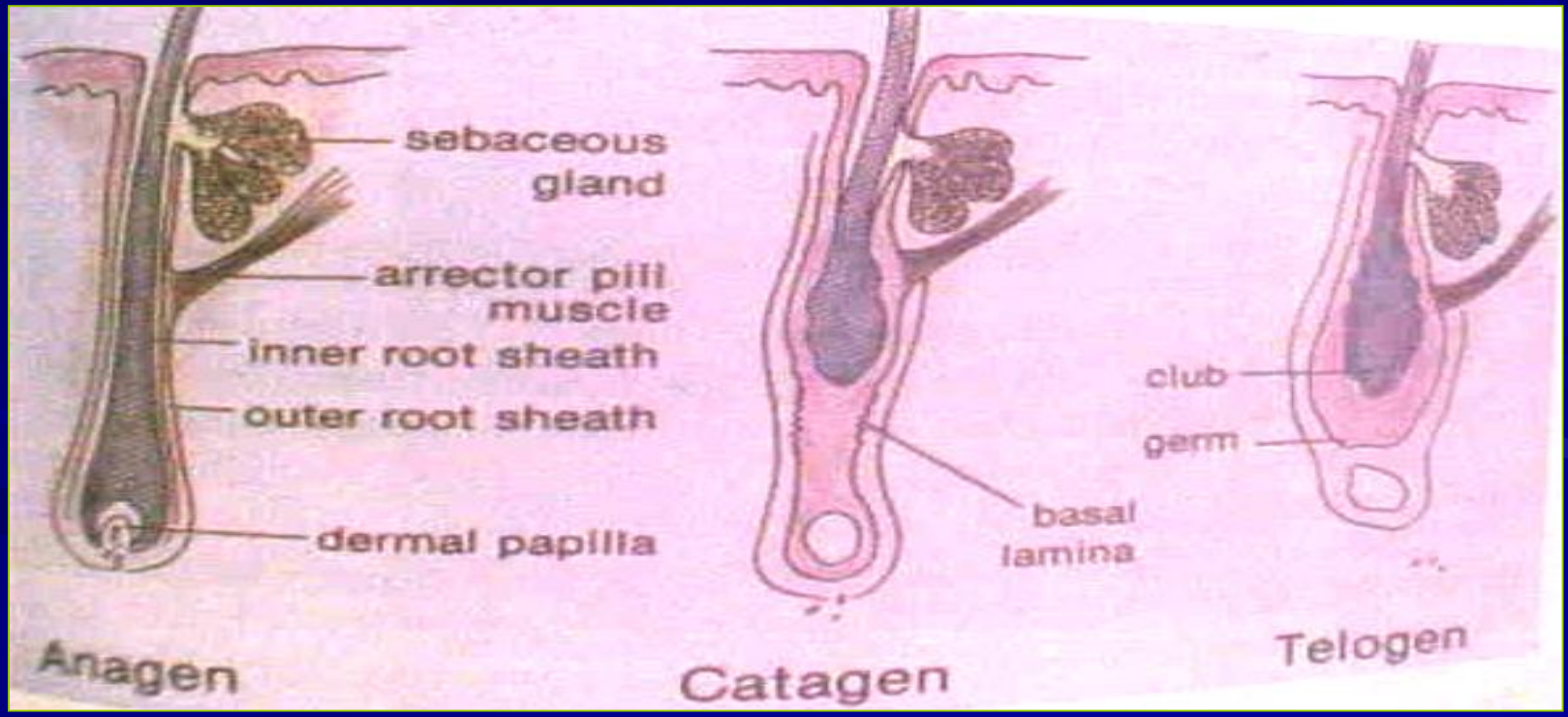
* Types of hair :

1- Lanugo

2- Vellus

3- Terminal

* Hair cycle and its control :



Alopecia

*** Definition:**

Loss of hair from normally hairy regions

*** Alopecia divided into:**

1- Cicatricial alopecia

2- Non -cicatricial alopecia

Cicatricial alopecia

- It results from destruction of hair follicles by scar tissue formed in the scalp

* **Clinical picture:**

- Presence of scarring
- Evidence of the cause
- It is a permanent condition

*** Etiology:**

a) Congenital

b) Acquired:

1) Trauma

- Mechanical
- Thermal e.g burns
- Physical e.g radio dermatitis

2) Infection

- Pyogenic (abscess)

- Fungal (kerion and favus)
- Bacillary (LV)
- Spirochaetal (gumma)

3) Collagen disease

- DLE of the scalp
- Scleroderma (morphea)

4) Diseases of unkown etiology

- Pseudopelade
- Folliculitis decalvans

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DLE

DLE-Cicatricial alopecia

Folliculitis decalvans

Non-cicatricial alopecia

*** Etiology:**

A) Congenital causes:

Congenital atrichia

Congenital hypotrichia

B) Acquired causes:

1) Circumscribed:

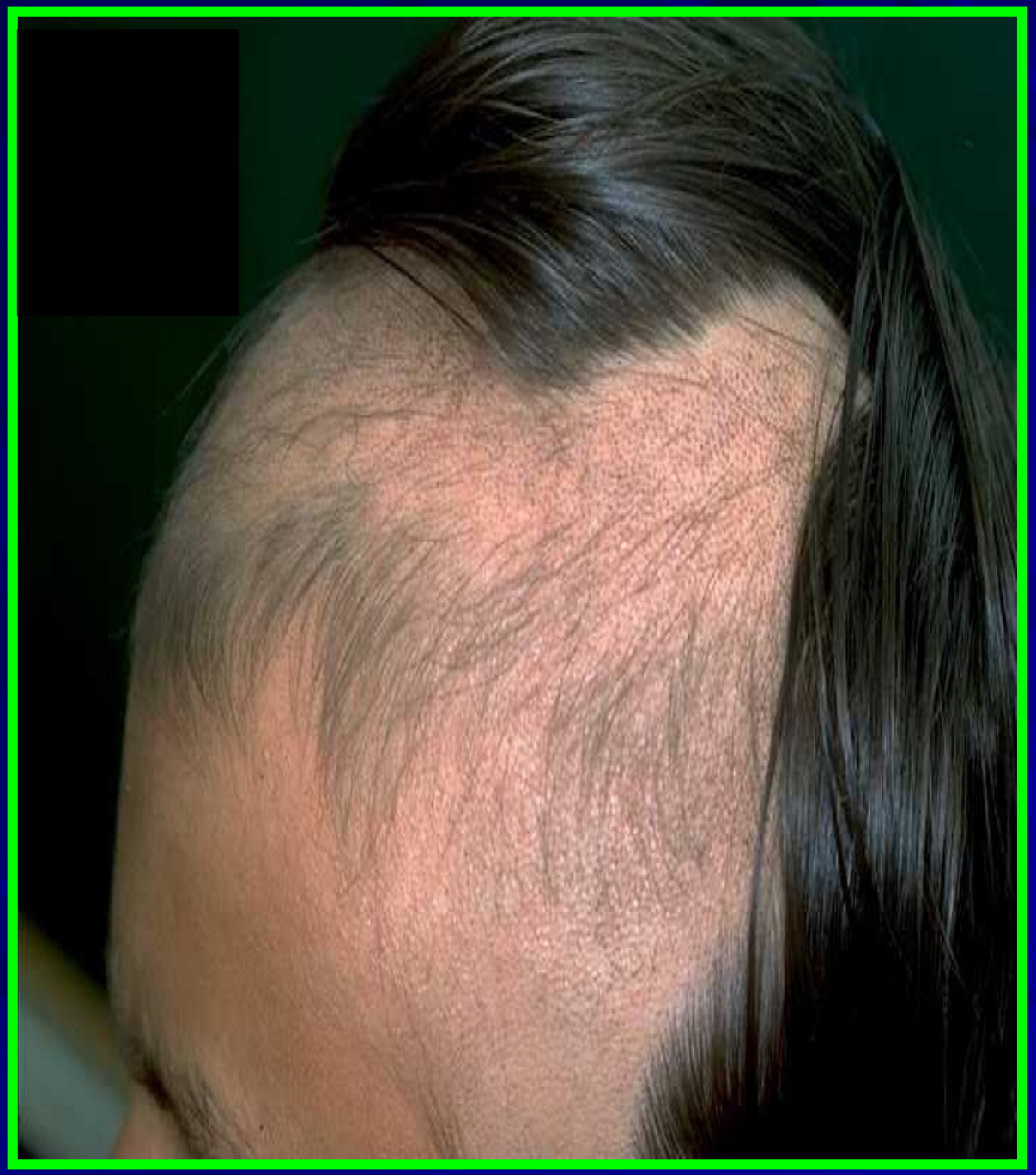
- Alopecia areata
- Infections eg Tinea capitis , secondary syphilis
- Traumatic (Trichotillomania)

2) Diffuse:

1) Telogen effluvium
2) Anagen effluvium
3) Androgenetic alopecia
4) Endocrinal(Hypopituitarism, Hypothyroidism, Hyperthyroidism)
5) Drugs (thyroid antiagonists, anticoagulants, arsenic and thalium salts)
6) Nutritional and metabolic disorder(deficiency of iron, zincor protein)
7) Severe chronic illness (malignancy, liver diseases, renal diseases)

2ry $ (Moth-eaten alopecia)

Trichotillomania



Trichotillomania

Alopecia areata

*** Definition:**

It is a common a symptomatic disease characterized by rapid (Sudden) onset of hair loss in a sharply defined area

*** Etiology:**

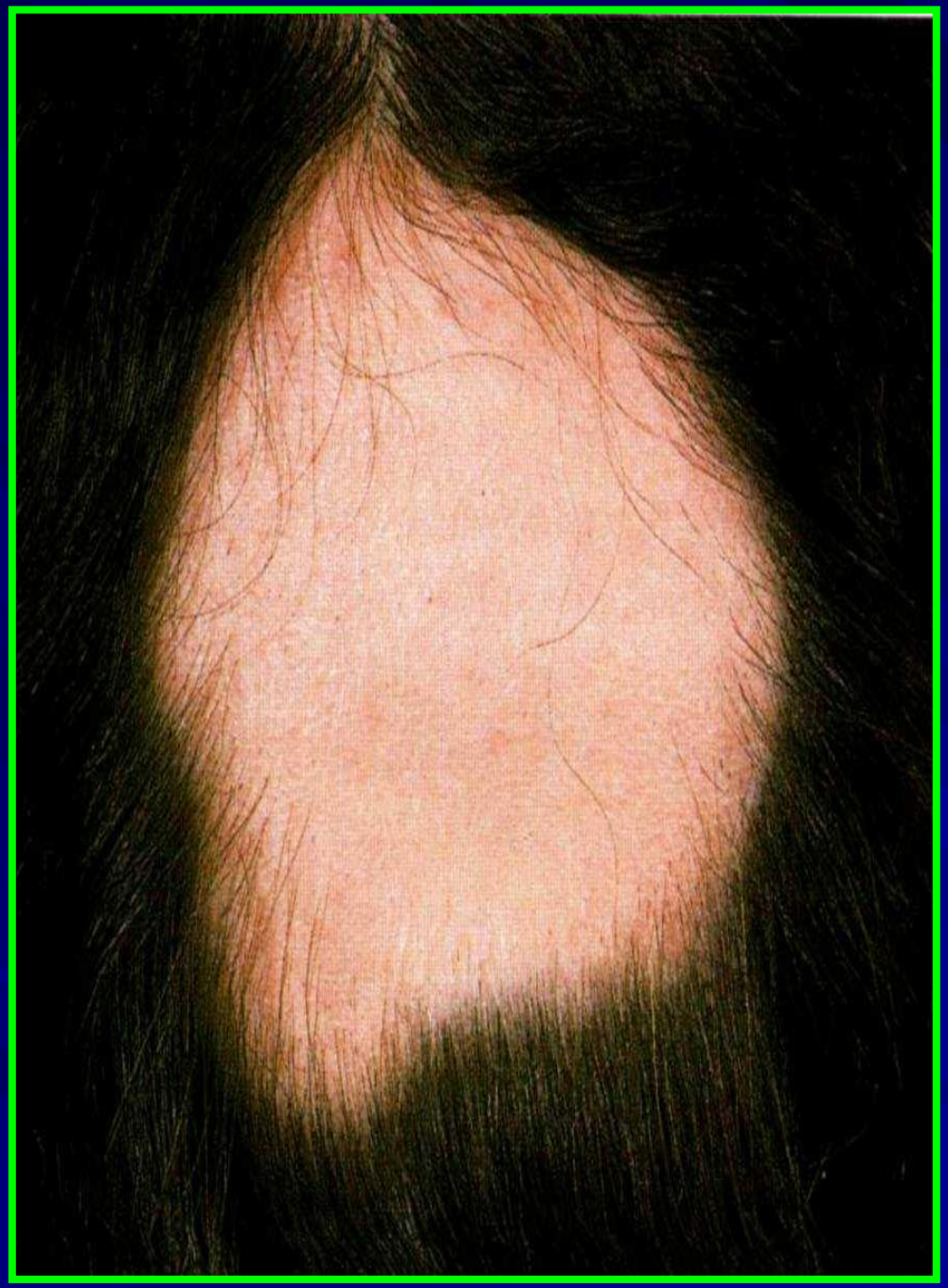
The etiology is unkown but many factors appear to have a role

- Genetic factors
- Immunological factors
- Emotional stress

* Clinical picture

* **Clinical types:**

- Alopecia localisata
- Alopecia totalis
- Alopecia universalis
- Ophiasis



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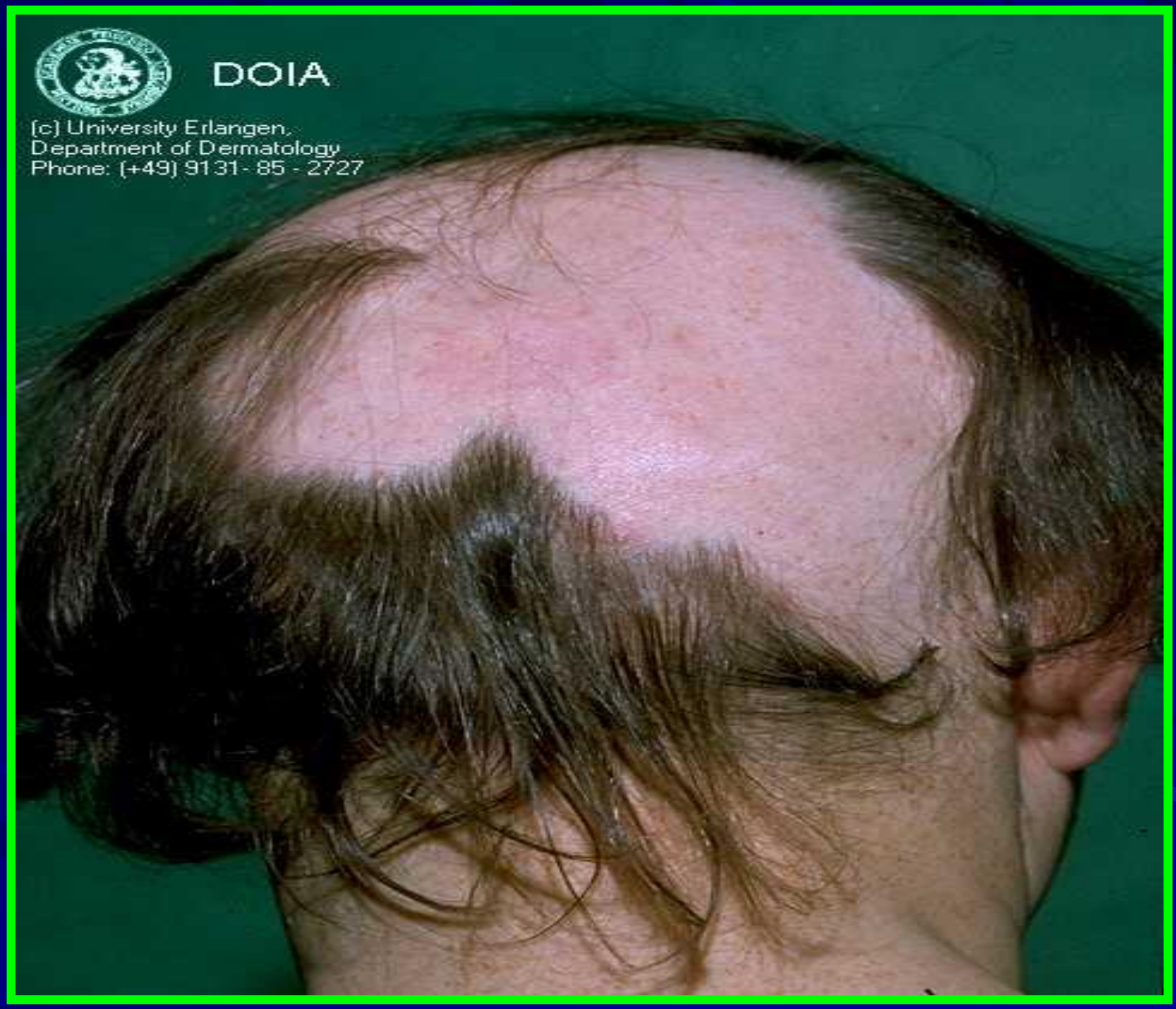
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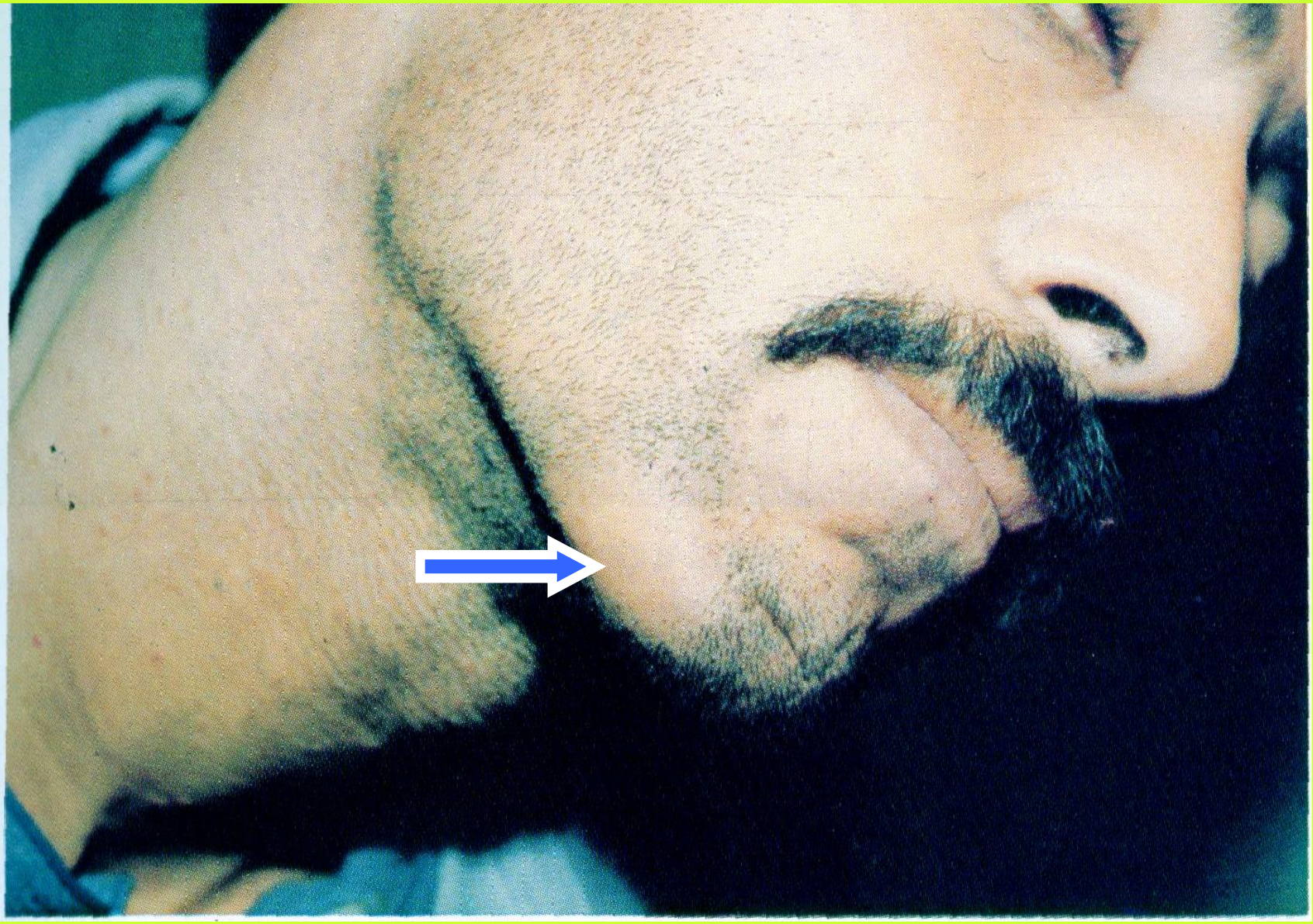

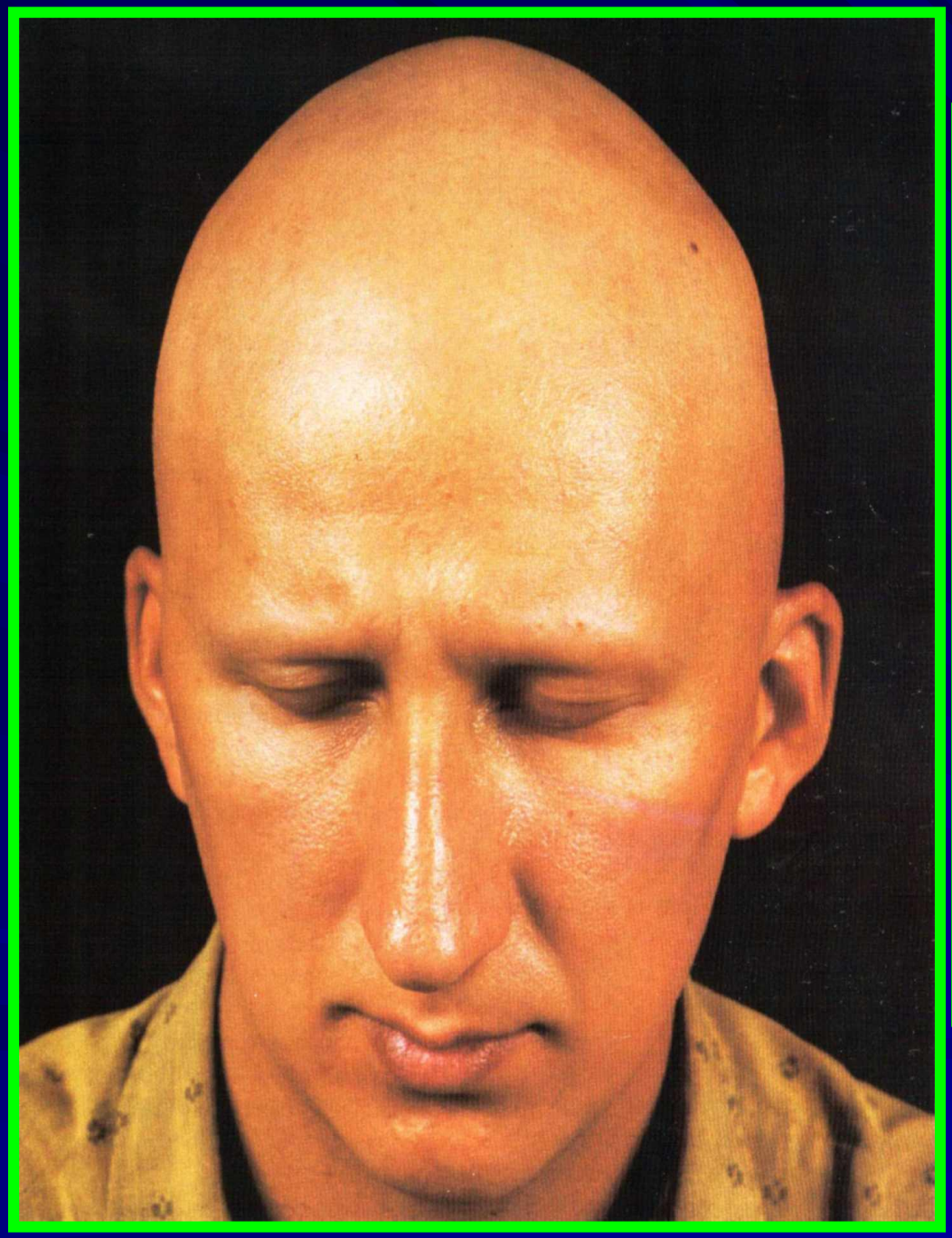

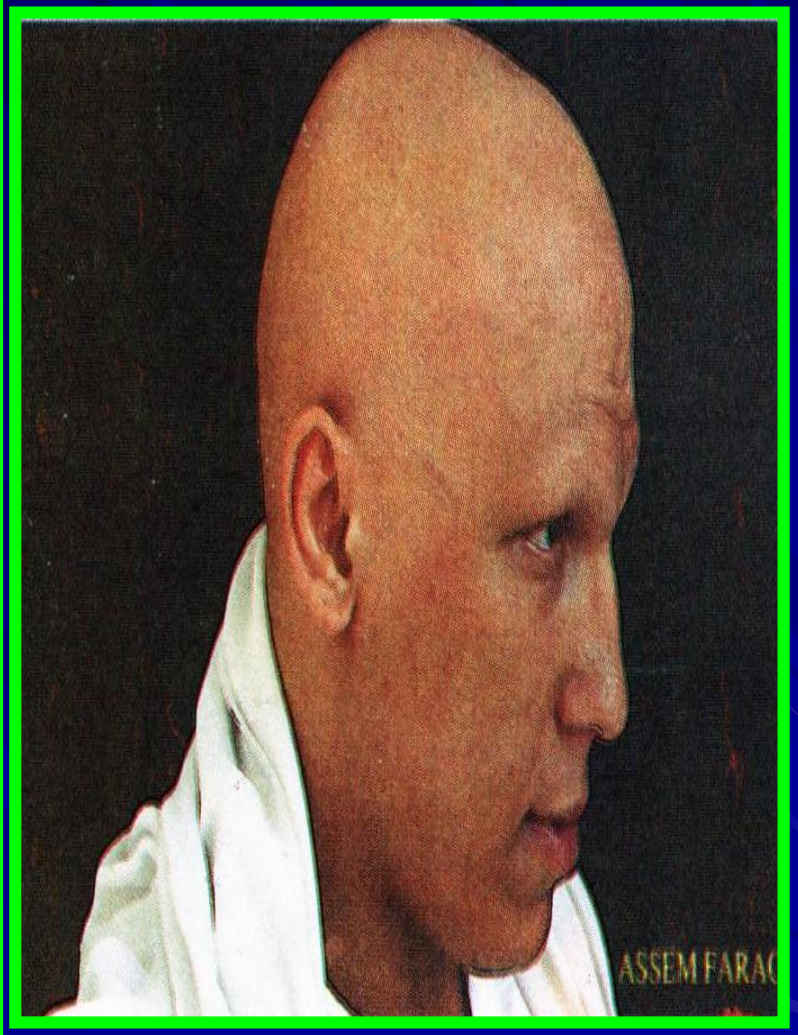
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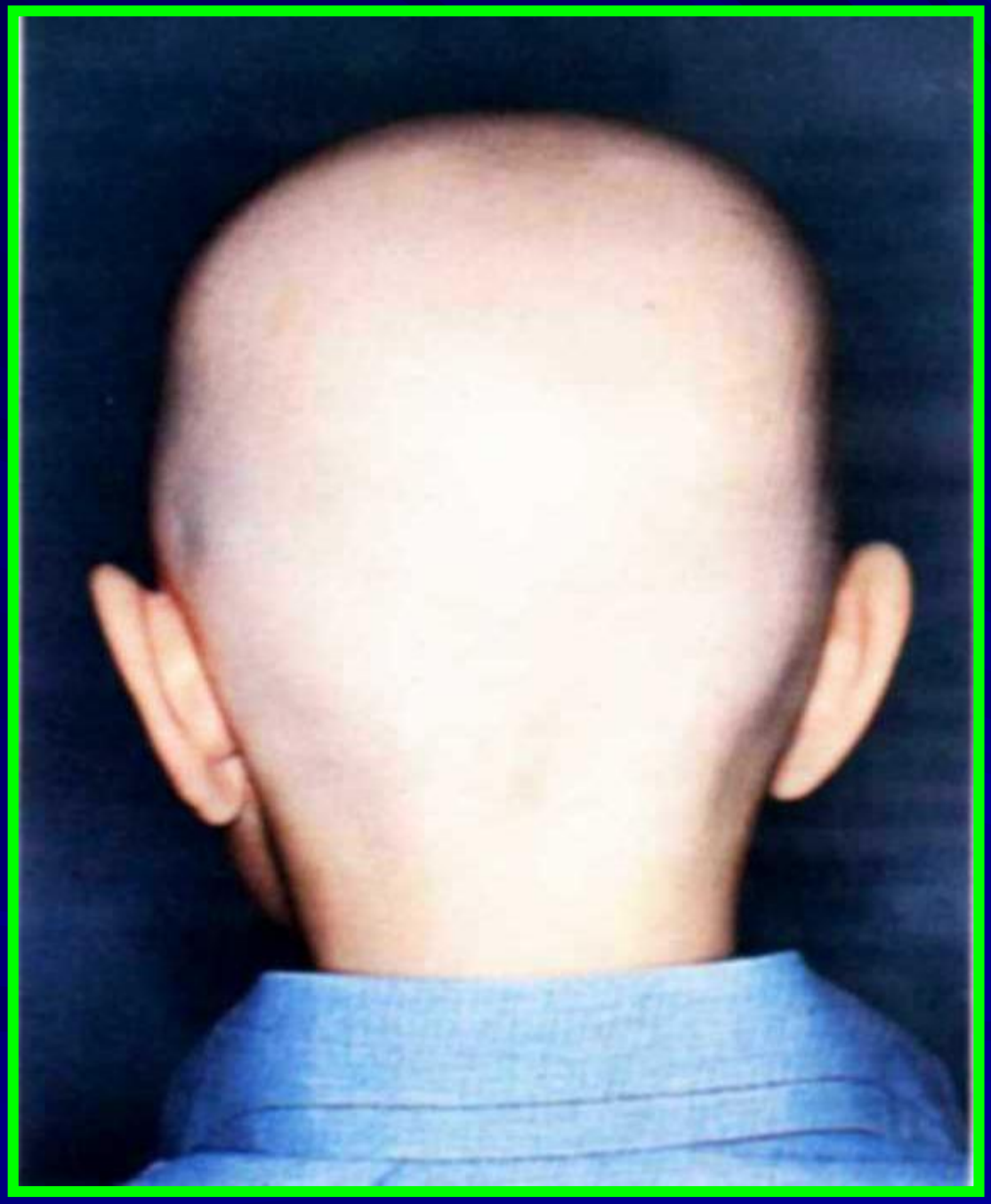

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* Management of AA :

1) Reassurance

2) Topical treatment :

a- Steroid

b- Contact immunotherapy (DNCB, DPCP)

c- Irritants: as dithranol

d- Minoxidil

e- Cyclosporine

3) Intralesional steroid

4) PUVA

5) Systemic steroid & cyclosporine

Androgenetic alopecia

* **Definition**: Physiological process in a genetically predisposed individuals

* **Etiology:**

1- Genetic predisposition

2- Androgen stimulation

*** Clinical picture :**

1- Male pattern

2-Female pattern

Vertix

*** Diagnosis:**

1- Family history & pattern of hair loss

2- Trichogram & scalp biopsy

*** Management :**

1) Topical minoxidil

2) Surgical treatment :

Scalp reduction & hair transplant

3) Camouflage

Telogen effluvium

* **Definition:**

Excessive loss of normal hairs following stress conditions as many anagen hair follicles enter prematurely into telogen

* **Causes:**

1- Labor 2- High fever

3- Acute blood loss & surgical operations

4- Emotional stress

5- Crash diet (inadequate protien diet)

*** Clinical picture:**

Diffuse shedding of hair after 1.5 to 4 months of exposure to stressful condition, in telogen phase

*** Prognosis:**

Good as complete regrowth of hairs occur in about 6 months

imagine having a hair this long how long would it take you to wash it and comb !!!
THANK YOU
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