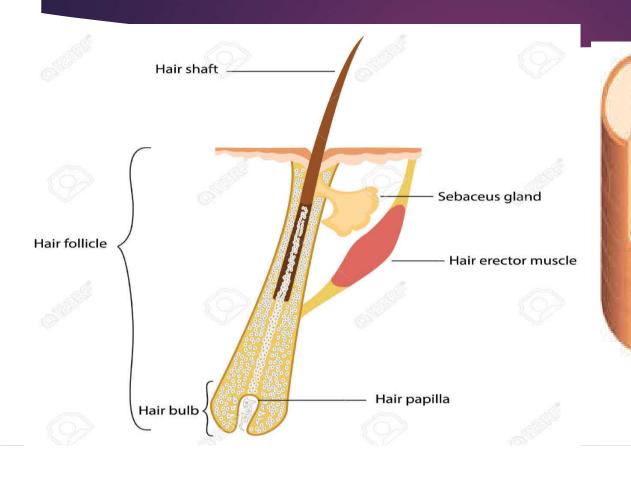
Hair disorders

By

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Assistant lecturer of Dermatology

Hair Structure





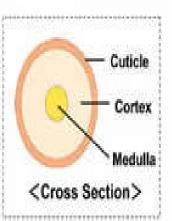
 Contains natural pigment (melanin) and moisture

MEDULLA

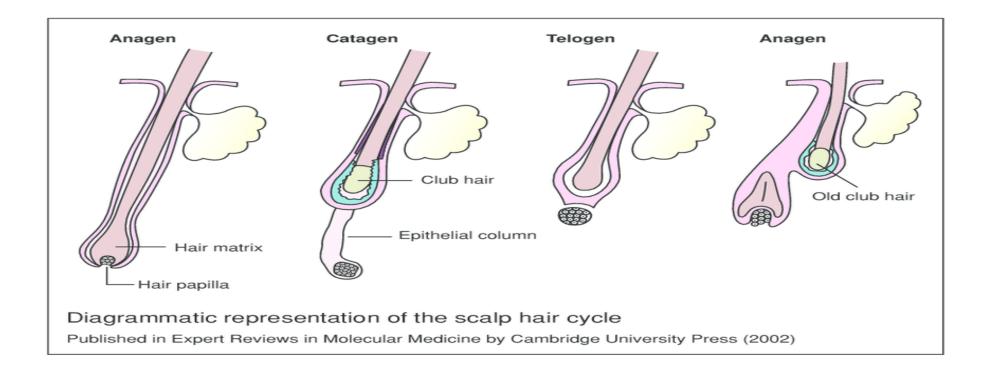
- · Core of hair
- · May even be absent

CUTICLE

- Outer layer of hair shaft (Over-lapping keratin cell)
- · Works as protective scale
- Cuticle is transparent



Hair Cycle



Hair disorders

► Increase:

Hirsutism

Hypertrichosis

► Decrease:

Alopecia

Alopecia

► Cicatricial: Destruction of hair follicles, Evident cause, Scarring, Bad prognosis

Congenital

Acquired

► Non cicatricial: Good prognosis

Congenital

Acquired

Cicatricial Alopecia

- ► Aplasia cutis
- ► Traumatic,,,,Mechanical,,,,,Thermal
- ► Infections,,,,Pyogenic,,Fungal,,,Spirochetal,,,Mycobacterial
- ▶ Malignancy
- ► Inflammatory,,,,LPP,,,,DLE
- ▶ Unknown,,,,Folliculitis decalvan

Kerion









19. Folliculitis decalvans with clusters of margina

Non Cicatricial alopecia

- ► Congenital: Atrichia,,,,,Hypotrichia
- Acquired

Localized: Alopecia Areata,,,Infection,,,Trichotillomania

Diffuse: Telogen effluvium, Anagen effluvium, Androgenetic alopecia

Alopecia Areata



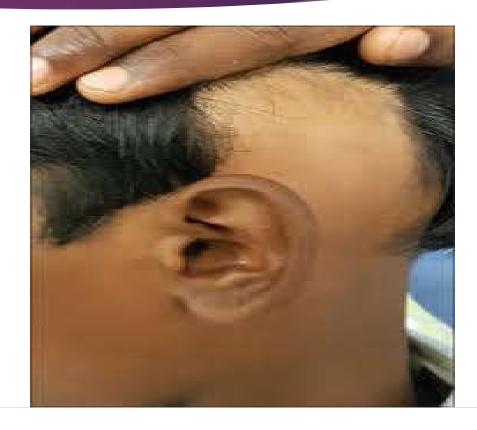


Types of alopecia areata



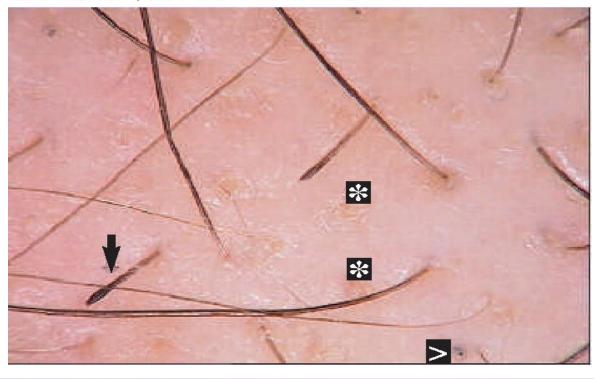
Ophiasis





Trichoscopy of AA

nairs (arrow), yellow dots ("), plack dot (>).





Management of Alopecia Areata

► Topical therapy: Steroid,,,Immunomodulatory,,,Irritants

▶ Systemic therapy: Steroid,,,,Methotrexate,,,Cyclosporin

▶ Phototherapy

Trichotillomania









Androgenetic Alopecia: Male pattern



Female pattern hair loss





Androgenetic alopecia management

▶ Diagnosis:

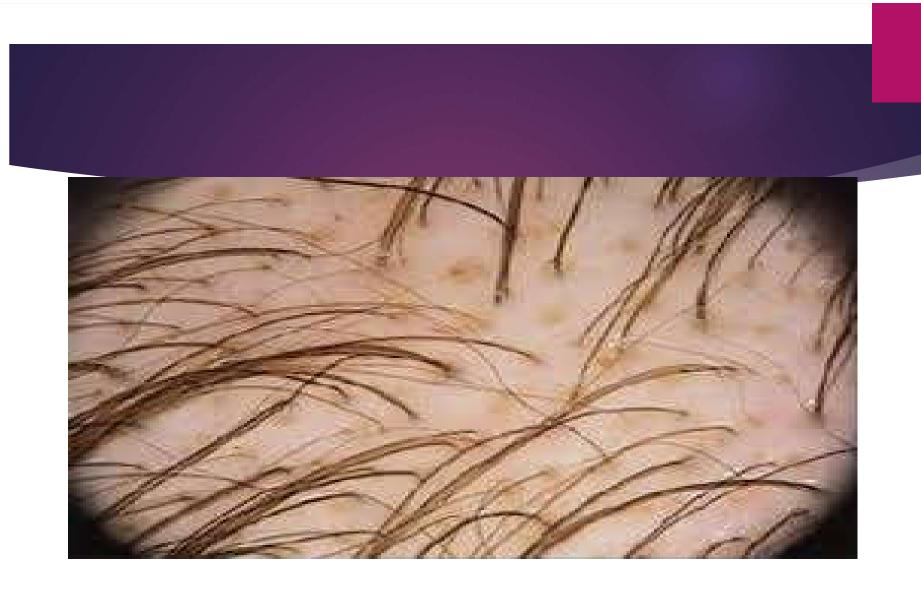
Clinically

Trichoscope

Trichoscope







Treatment of AGA

- ► Topical: Minoxidil
- ► Systemic: Antiandrogen
- ► Surgical
- ► PRP

Telogen effluvium

► Causes:

Stress

Nutritional

Iron deficiency anemia

Crash Diet

Post partum

- ▶ May be Acute or Chronic
- ▶ Good prognosis

