



CASE 27

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CLINICAL SUMMARY

A 5-year-old child presented a large bald patch that appeared three years before as a one small round, temporal and parietal smooth patch.

This lesion did not respond to intensive therapy with oral and intralesional corticosteroids.

Currently the patient has developed partial loss of eyelashes and eyebrows.



DERMOSCOPY

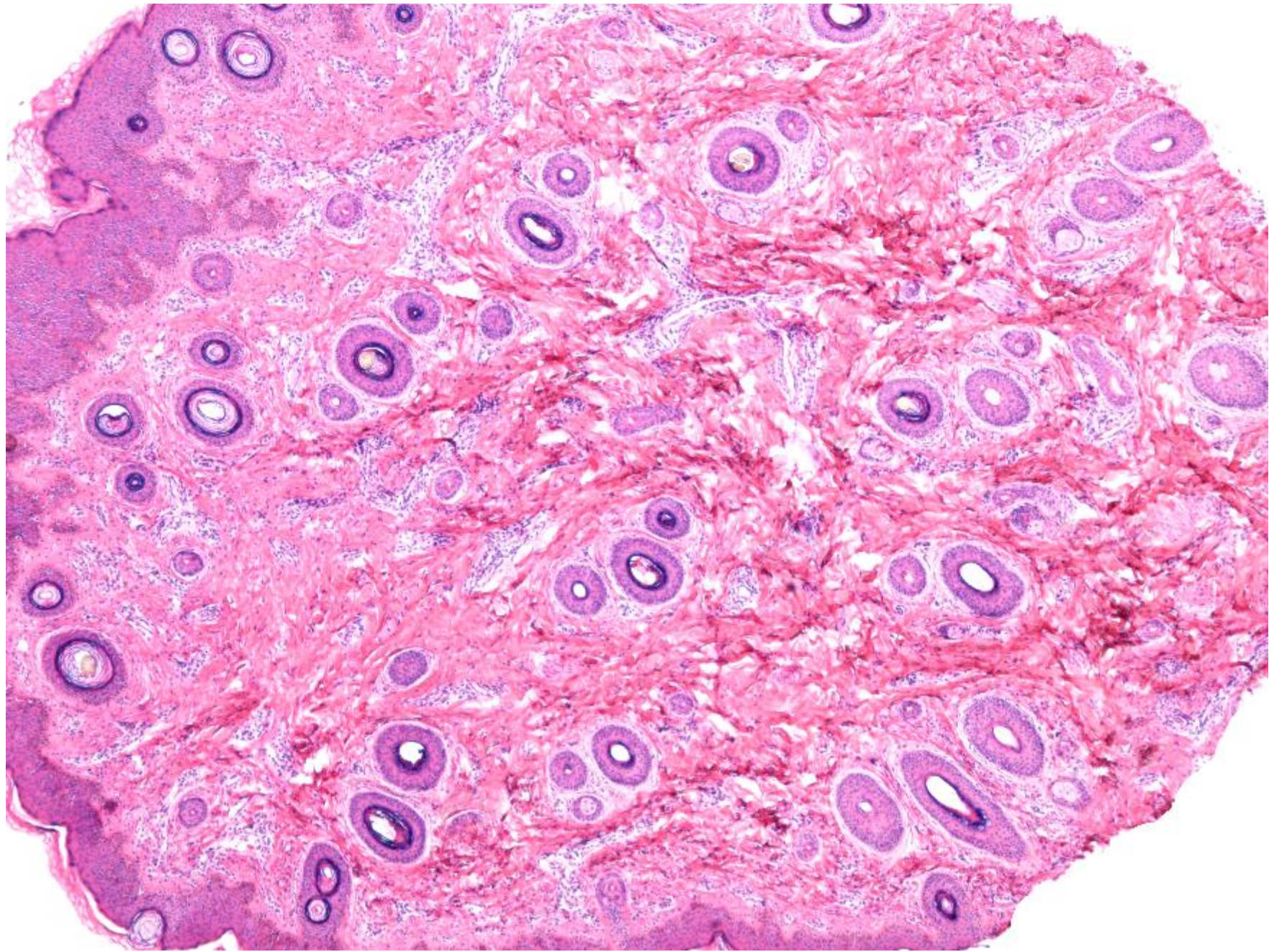
There were some black dots, broken hairs, short vellus hairs and exclamation mark hairs.

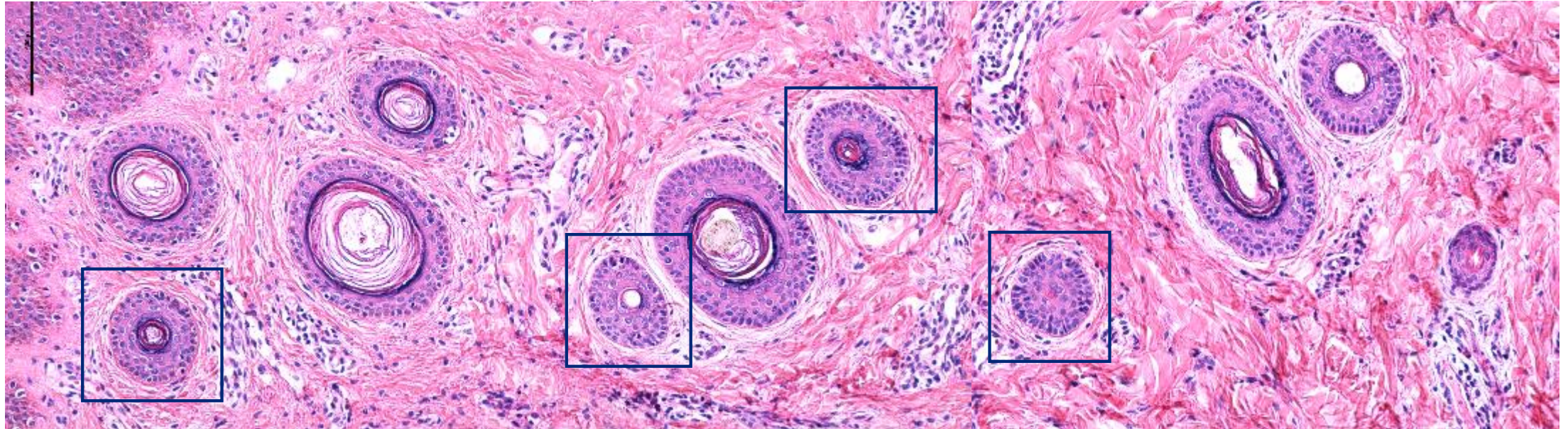
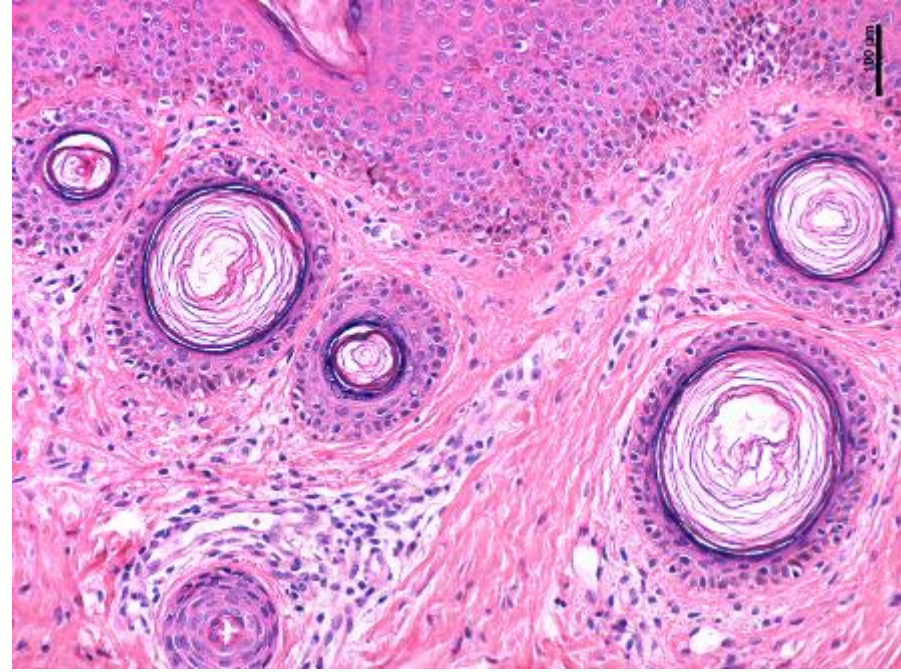
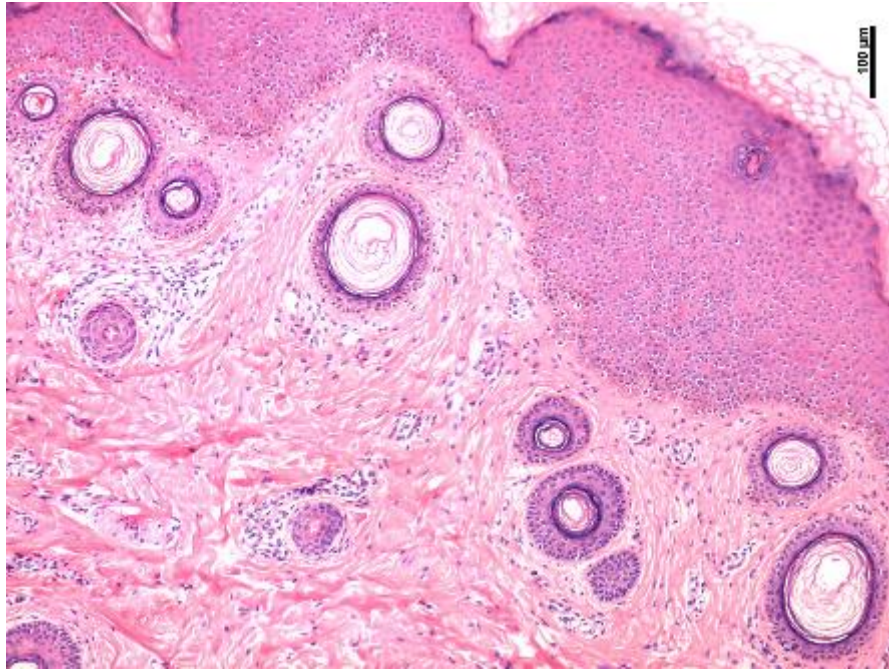
Yellow dots were present in small areas.

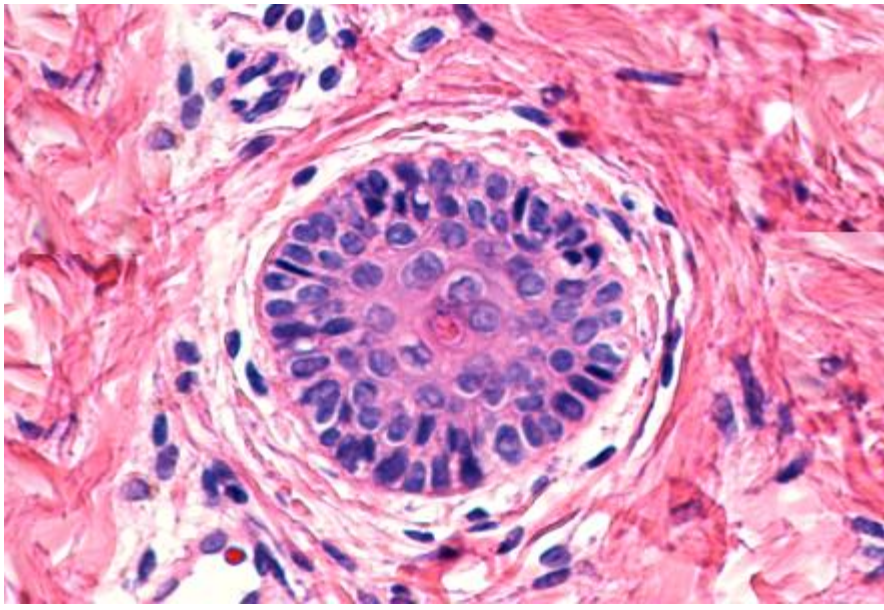
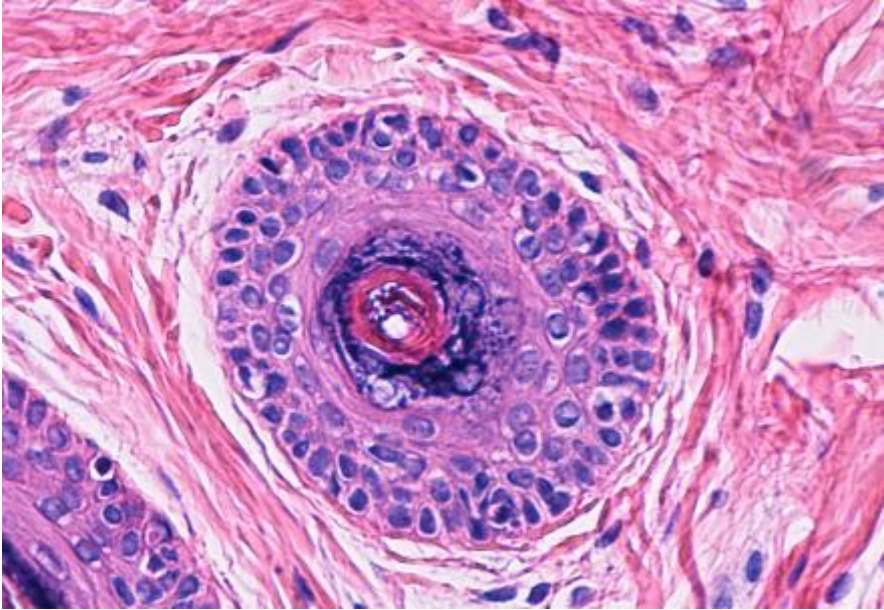
A 4 mm punch biopsy was taken.



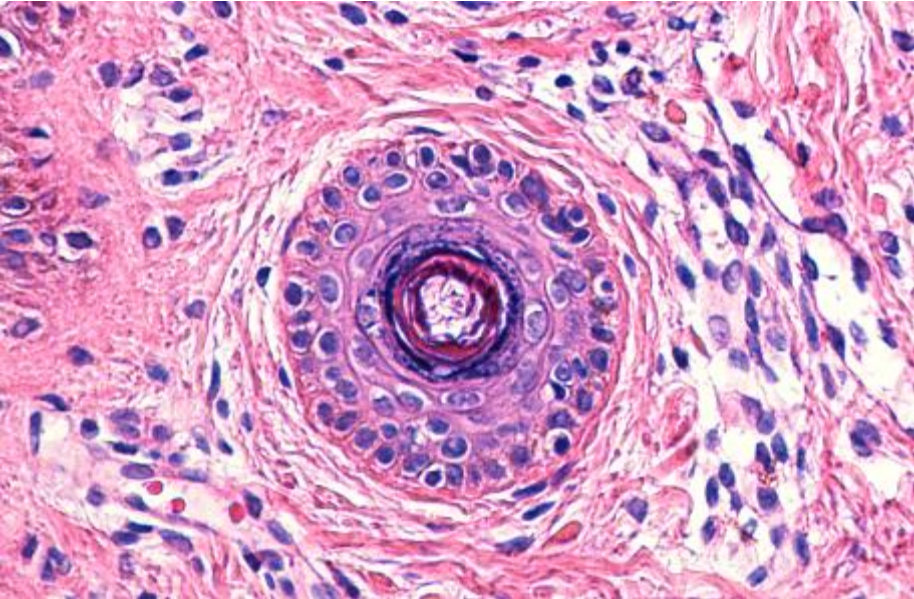
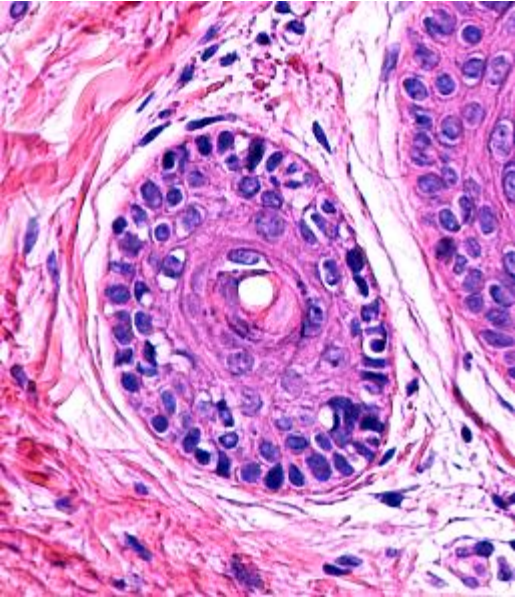
1000 μ m

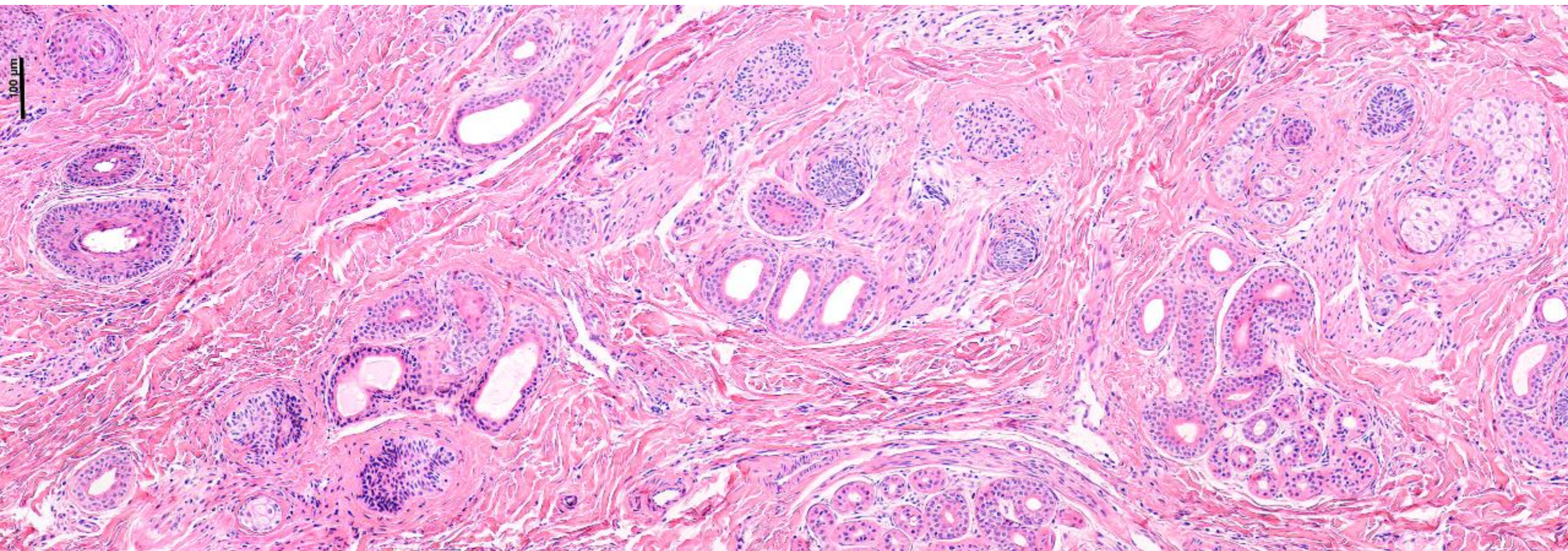




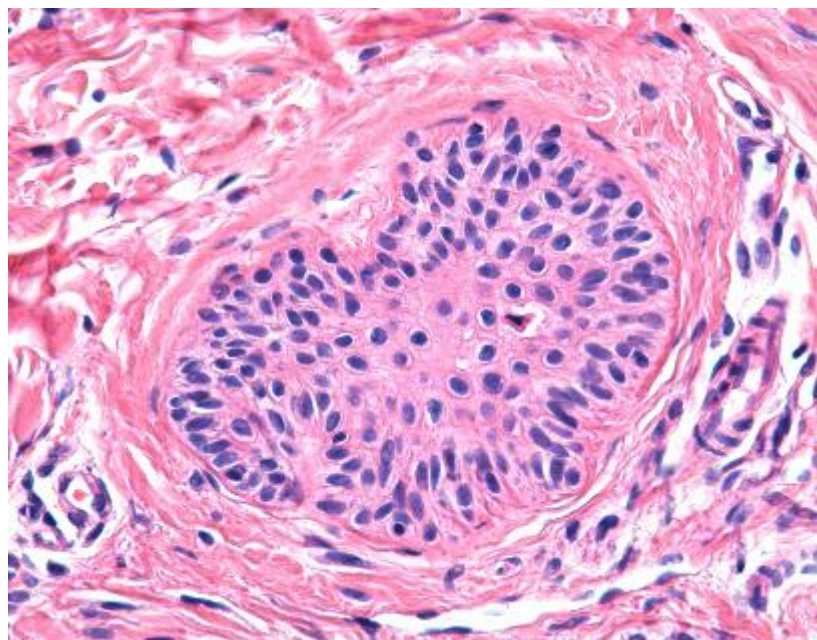
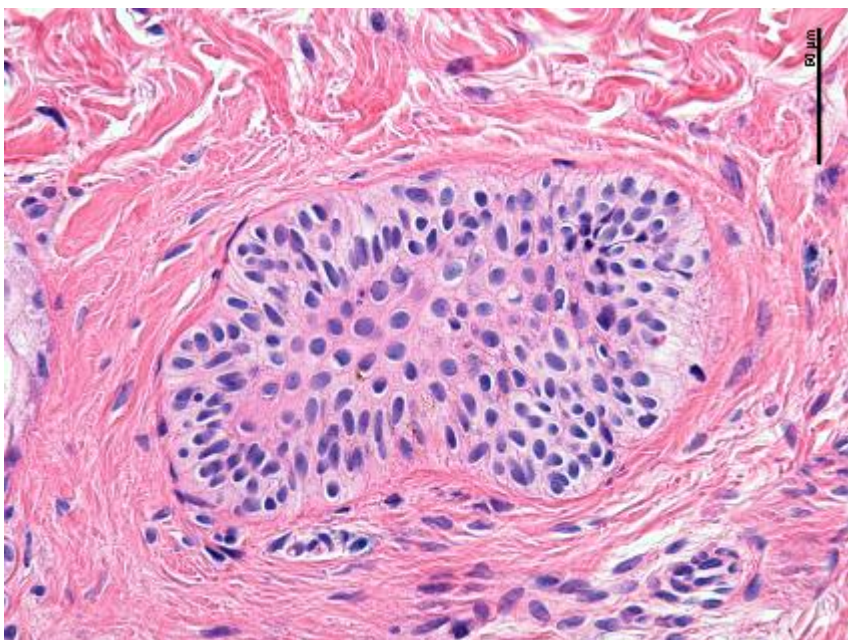
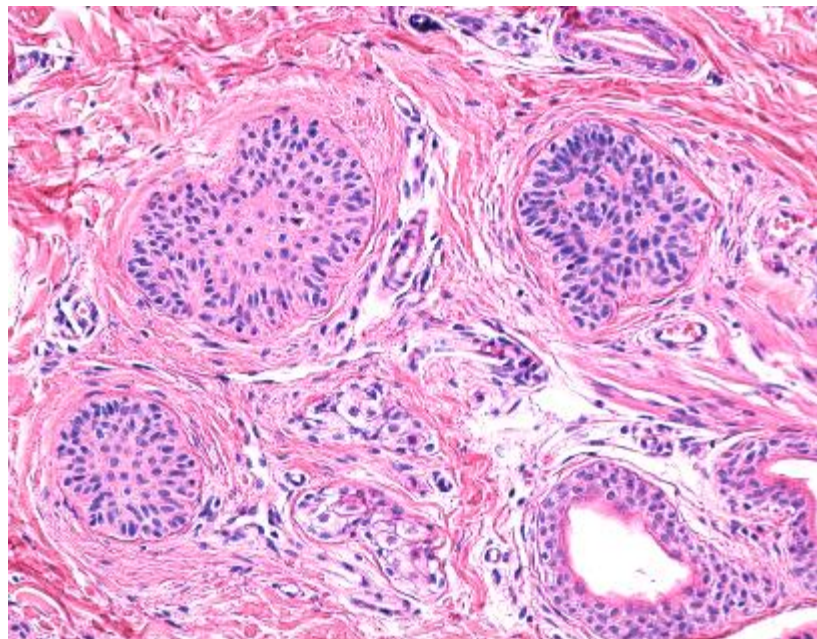
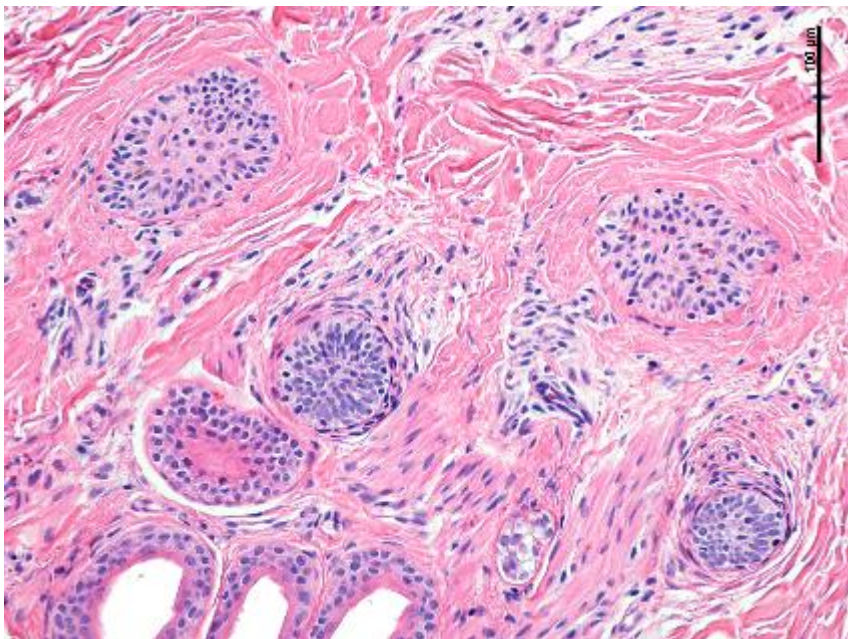


NANOGEN HAIRS





TELOOGEN HAIRS



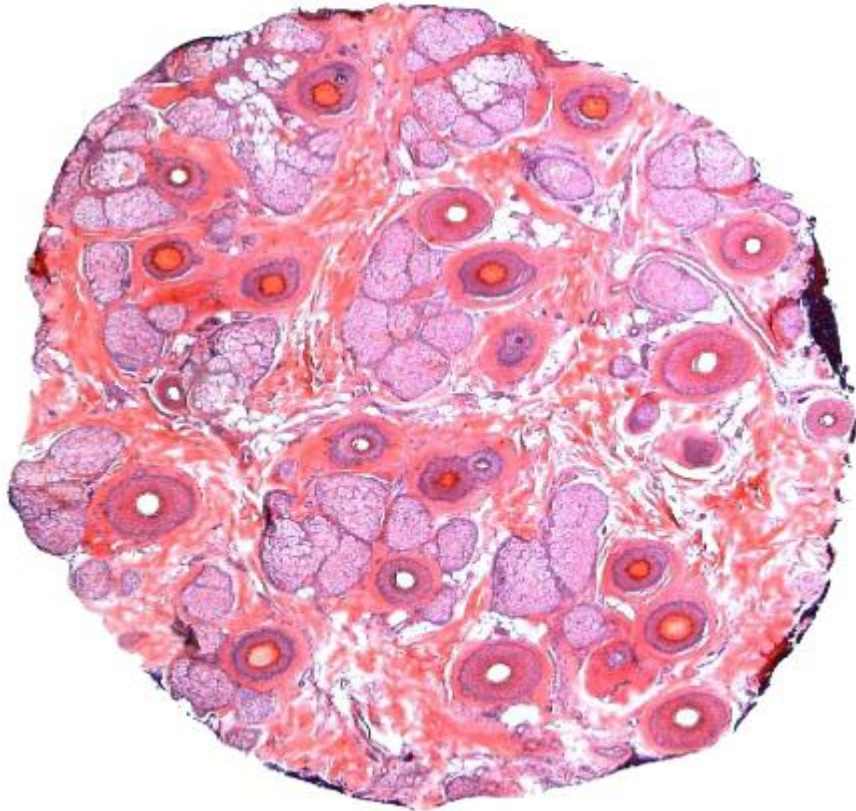
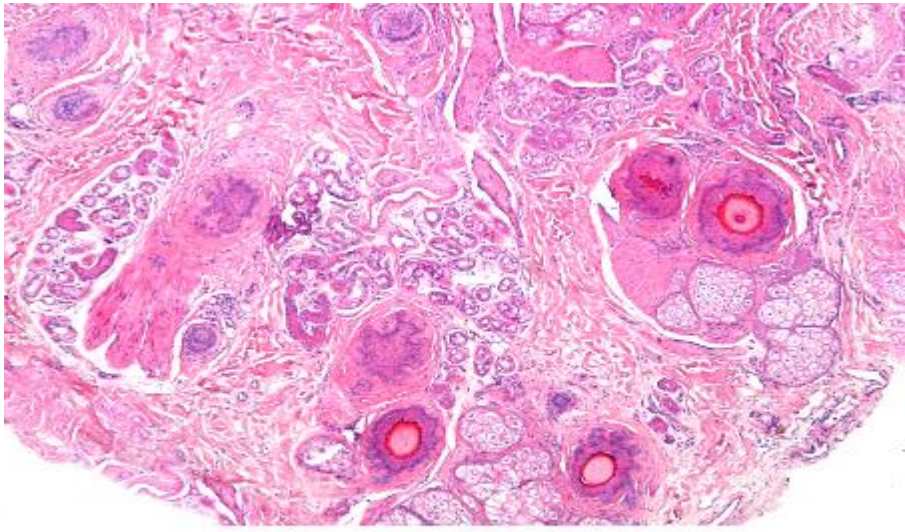


Which is the correct diagnosis based on the clinical and histopathological features?

- A. Trichotillomania
- B. Triangular temporal alopecia
- C. Lichen planopilaris
- D. Chronic alopecia areata**

CHRONIC ALOPECIA AREATA (CAA)

- In chronic alopecia areata numerous miniaturized hair follicles and telogen follicles are present.
- Nanogen hairs could be abundant. They represent an intermediate stage between vellus and terminal anagen hairs follicles and between anagen, catagen, and telogen phases. In horizontal sections there is generally no hair shaft production.
- inflammation can be absent and is not required to make a diagnosis (non inflammatory alopecia areata).



TRICHOTILLOMANIA (INCORRECT)

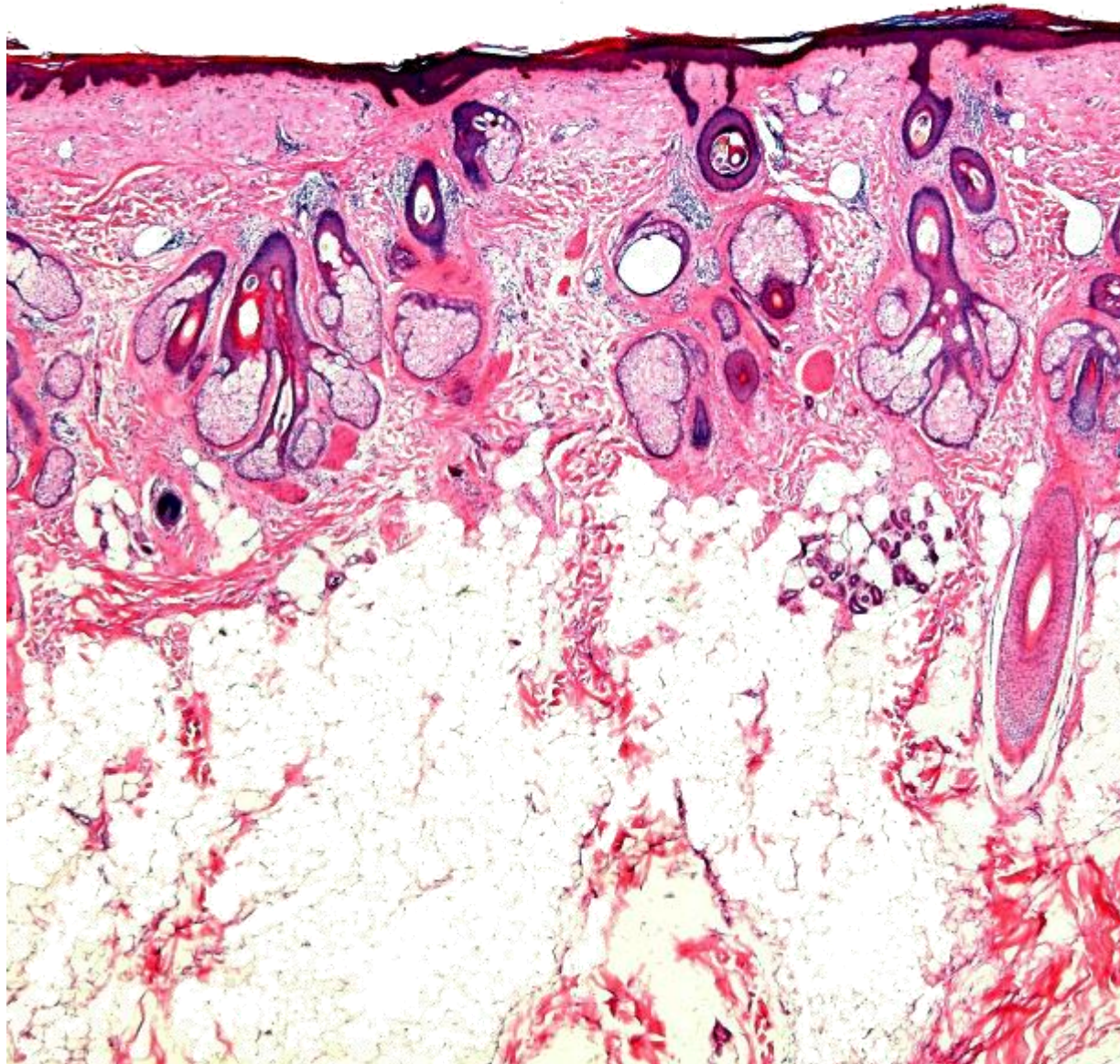
- In this disease the pattern of hair loss may closely simulate alopecia areata. There are many catagen and telogen follicles.
- However, microscopic examination shows more pigmented casts, trichomalacia, preservation of sebaceous glands and absence of miniaturized hairs.



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Bergfeld W. et al. The combined utilization of clinical and histological findings in the diagnosis of trichotillomania. J Cutan Pathol. 2002;29:207-214. PubMed



TRIANGULAR TEMPORAL ALOPECIA (INCORRECT)

- **Triangular temporal alopecia could be similar to chronic alopecia areata, there are almost no terminal hairs and the number of vellus hairs is increased**
- **However, in triangular temporal alopecia, fibrous stellae and telogen follicles are absent.**

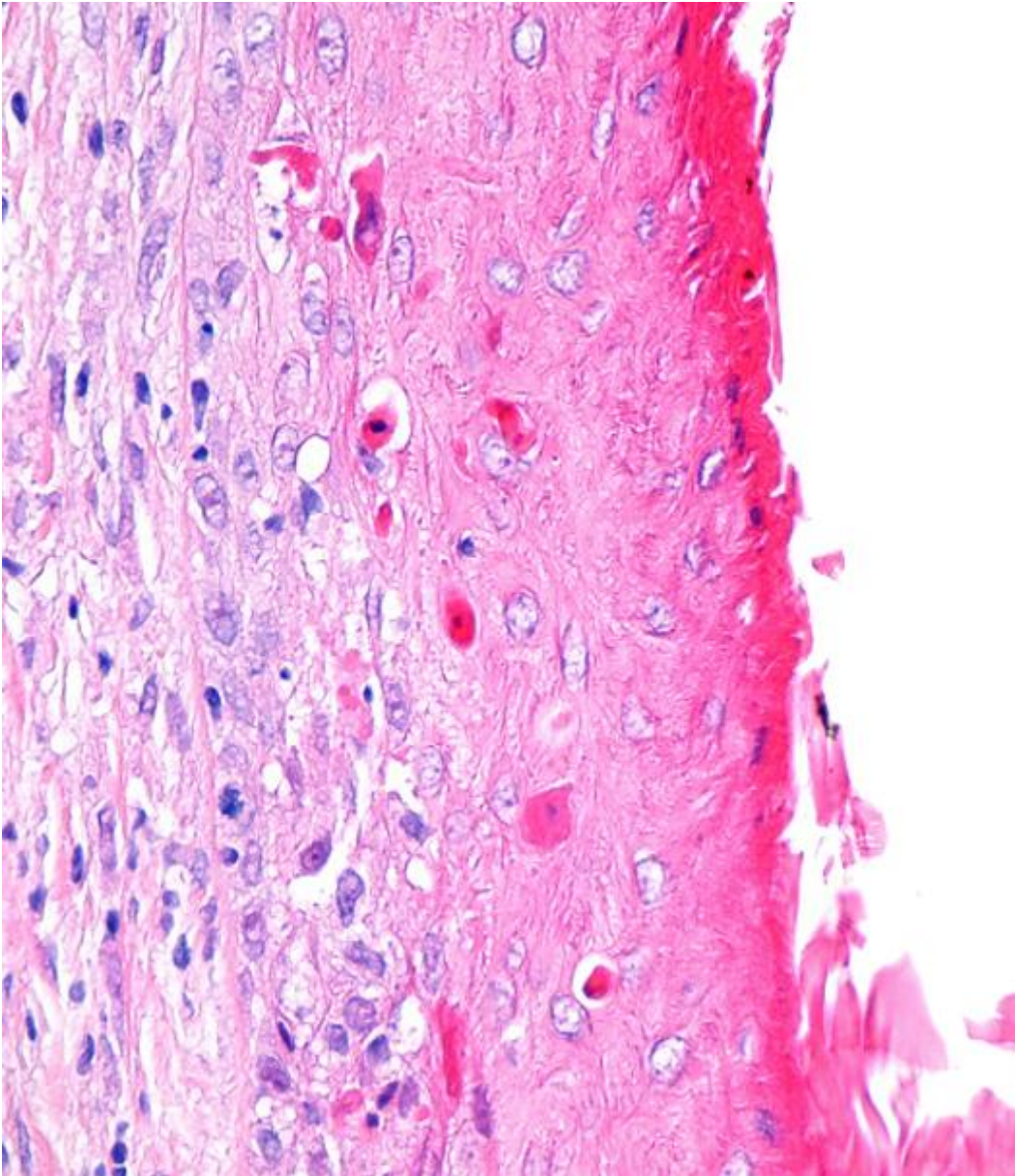
Gupta L.K. et al. Congenital triangular alopecia: A close mimicker of alopecia areata. *Int J Trichology*. 2011;3:40–1. [Free tex link](#)



LICHEN PLANOPILARIS (INCORRECT)

- At a late stage of lichen planopilaris , overlapping with other patched alopecias is possible.
- However lichen planopilaris displays more prominent inflammation in the superior segment of the follicle and there are some apoptotic bodies within the follicular epithelium.

Trueb R.M. Gieler U. Psychocutaneous Disorders of Hair and Scalp. Trichotillomania. In: Blume-Peytavi U, Tosti A, Whiting D, Trüeb R, editors. Hair Growth and Disorders. Leipzig: Springer; 2008. p. 414-7.



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SUMMARY

- This is an illustrative case of chronic alopecia areata.
- A shift to telogen and catagen dominates the histological appearance.

In this case, peribulbar inflammation was absent, and other histological and clinical features were necessary to make the diagnosis.



San Martín de los Andes. Patagonia, Argentina