

Letter to the Editor

Dear *Cutis*[®]:

I would like to commend Dr. Elston (What is your diagnosis? alopecia areata of the eyelashes. *Cutis*. 2002;69:15,19-20.) for his superb clinical photography and thoughtful discussion of this most interesting case. It is well to be reminded of the continuing presence of syphilis as a possible cause of alopecia. I take leave, however, to dispute strongly his diagnosis of alopecia areata.

Dr. Elston gives the history of a slow but continuous migratory pattern of eyelash loss followed by regrowth. His excellent illustration shows the presence of cilia of varying lengths adjacent to those of normal length. The age of the patient, the clinical history, and the very clear picture are, I believe, a classic example of cillotillomania—a form of trichotillomania confined to the eyelashes.

Trichotillomania is a compulsive activity, which usually is strongly denied by patient and parent alike. It requires evaluation and, possibly, therapy by a child psychiatrist. Happily, in many young patients, the condition is short-lived and requires only supportive treatment. Unfortunately, in some cases, there is significant psychopathology that may require extended treatment, and though medication is often helpful, long-term change can only be effected by psychotherapy.

Sincerely,
Peter J. Koblenzer, MD, FRCPC, FAAD
Philadelphia, Pennsylvania

AUTHOR RESPONSE

Dear *Cutis*:

I appreciate Dr. Koblenzer's thoughtful comments regarding this case. I, too, considered a diagnosis of

trichotillomania (cillotillomania) when I first evaluated the patient and should have noted this in my discussion. Compulsive hair plucking is common in children and frequently involves the lashes. Unfortunately, this compulsive behavior is common in children from military families because of the stresses involved with frequent moves and family separations. Histologically, alopecia areata and trichotillomania share many features, and biopsy specimens must be interpreted with caution.¹

In this case, the parents did not observe compulsive plucking, and the hair loss did not correspond to a period of family stress. The child's behavior and response to questions did not suggest a compulsive disorder. As Dr. Koblenzer notes, both the patient and the parent may deny compulsive hair plucking. Often, the intensity of their denial and family dynamics serve as clues to the diagnosis. In this case, neither the parents nor the child expressed anger or inappropriate anxiety. Periodically, exclamation point hairs were visible. His condition remitted over time with only topical treatment with a mild corticosteroid.

Sincerely,
Dirk M. Elston, MD
Geisinger Medical Center
Danville, Pennsylvania

REFERENCE

1. Elston D, McCollough M, Heibel M, et al. Eosinophils in fibrous tracts and near hair bulbs: a helpful diagnostic feature of alopecia areata. *J Am Acad Dermatol*. 1997;37:101-106.