Alopecia Areata Therapy Has Many Different Facets

BY LINDA LITTLE
Contributing Writer

SCOTTSDALE, ARIZ. — Alopecia areata can be emotionally devastating for young girls and boys, so treatment should include psychological support, Dr. Ronald C. Hansen said at a pediatric update sponsored by Phoenix Children's Hospital.

This is especially true in little girls, said Dr. Hansen, professor of pediatrics and dermatology at the hospital. "This is just as devastating to a little girl as a 60-year-old woman undergoing chemotherapy." They may need a referral to a psychologist.

Some boys don't mind the baldness because many male athletes shave their heads. But there are very few role models for little girls, Dr. Hansen said.

To make matters worse, wigs aren't manufactured for 5-year-old children, and most insurance won't pay for wigs, he said.

Alopecia areata affects 1% of Americans, half of whom are children. It is characterized by a sudden appearance of a round or oval patch of hair loss. The resulting bald spots are smooth, pink bald patches with sharply marginated hair loss.

Usually, there are one or two bald patches on the scalp. However, in the alopecia totalis variant, the head is completely bald. In alopecia universalis, there is no body hair including eyebrows, eyelashes, or pubic hair.

Another form of alopecia is the ophiasis pattern in which there is a long band passing above the ear, occurring in 5% of childhood cases. In 25% of the cases, there is fingernail involvement with pits, stippling, and ridging of the nails, with nail thickening.

"This form heralds a bad prognosis," Dr. Hansen said. "If the child has fingernail involvement, you can be quite confident of the diagnosis."

Before a final diagnosis of alopecia areata, physicians must rule out trichotillomania, a compulsion to pull one's hair out, and tinea capitis, a scalp fungal infection.

In trichotillomania, children have more satellite patches with incomplete hair loss and broken terminal hairs of different lengths, he said. "This diagnosis is made more with your fingers than your eyes," with a lot of "broken-off hair, and you can feel the stubble."

Most parents can't believe that their child has such a habit, he said. But there is a simple, convincing test for the condition.

Just shave off a little area and then see the child each week for a few weeks, and hair growth in those areas will return because it is too short to pull out. "It's a good test," he said.

Tinea capitis is characterized by inflammation and scaling. A simple culture with any inflammation will prove the diagnosis, he said.

Once alopecia areata is diagnosed, the treatment is based on the severity, Dr. Hansen said.

If there are only a few patches—one or two—then there is a 95% chance that the hair will grow back, even without treatment.

But if the diagnosis is alopecia totalis or universalis, the chances of permanent regrowth are almost nonexistent without treatment "Even with treatment, the chances of permanent retention once there is regrowth is troublesome," he said.

'Oral steroids work better than anything to regrow hair, but the hair falls out again as soon as the treatment is stopped. ... It's a dead end.'

Those with a poor prognosis are patients diagnosed at a young age, those with extensive baldness, the ophiasis pattern, and nail dystrophy.

With limited disease, there should be just watchful waiting, Dr. Hansen advised, but in more severe disease, treatment is recommended.

Topical steroids result in a poor response because the drugs have limited penetration on the scalp, he said.

Intralesional steroids are advised in patients old enough to tolerate it, he said. "It hurts and scares kids to have needle sticks. Children must agree to this."

Intralesional steroids, triamcinolone acetonide 3-10 mg/cc, injected into the entire alopecia patch, will regrow hair in a month or two.

In children, the injections need to be limited to 3 mL or less per session and repeated every 4-8 weeks. Topical anesthetics can alleviate injection pain, Dr. Hansen said.

Usually this can be done in girls at about 7-9 years old and in boys about 10-12 years old, when they start becoming concerned about alopecia.

Topical sensitizers, such as squaric acid dibutylester (SADBE) or diphenylcyclopropenone (DPCP), can be rubbed on the scalp, creating an allergic response and resulting in hair growth, Dr. Hansen said. Both are about 60% effective.

"This is the best treatment for little kids who can't tolerate needles," he said. The sensitizers also are effective in more extensive disease.

Severe itching caused by the sensitizer can be treated with topical steroids, he said, but there needs to be a little rash to make the treatment work.

Dr. Hansen warned against using minoxidil 2% in children because it can cause extensive hair growth over the body.

Oral steroids work better than anything to regrow hair, but the hair falls out again as soon as the treatment is stopped, he said. "It's a dead end."

In alopecia areata, physicians must not only treat the condition, but also manage it, Dr. Hansen said. "Management means making sure there is psychological support for these children." ■

Hemangiomas: Some Need Treatment, Others Don't

BY ROBERT FINN
San Francisco Bureau

SPOKANE, WASH. — The top three reasons to consider treatment of a neonatal hemangioma are the same as the top three determinants of value in real estate: location, location, and location, explained Howard B. Pride, M.D.

While most neonatal hemangiomas will involute and resolve spontaneously, some require treatment, Dr. Pride said at the annual Pacific Northwest Dermatological Conference:

▶ Hemangiomas in the "beard" area of the face can grow to compromise the airway.

In one study, children with extensive hemangiomas in the beard area had a 63% chance of airway involvement, and 40% needed tracheotomy (J. Pediatr. 1997;131:643-6). In a separate study of "parotid" hemangiomas (a term often used synonymously with "beard-area hemangiomas"), 59% ulcerated, 26% had airway involvement, 7% required tracheotomy, and 70% required systemic treatment (Plast. Reconstr. Surg. 2004;113:53-60).

▶ Hemangiomas near the eye, while not life threatening, can be vision threatening, said Dr. Pride of Geisinger Medical Center, Danville, Pa.

If the hemangioma grows large enough to block vision during a critical period of neural development, the child's cortical vision centers may never develop normally.

Even if the hemangioma goes on to resolve spontaneously, that child will suffer permanent vision damage.

▶ Hemangiomas on the nasal tip can have bad cosmetic outcomes after they resolve.

"Sometimes, fairly banal hemangiomas [on the nose] will leave very significant cosmetic problems," Dr. Pride said at the conference, which was sponsored by the Washington State Dermatology Association.

▶ Lip hemangiomas can also have bad cosmetic outcomes, although the chances of this happening are somewhat less than when the nose is involved. The skin on the lip has a degree of laxity, and therefore there's a smaller risk of scarring.

▶ Hemangiomas on the hand or fingers can have functional as well as cosmetic consequences.

▶ Hemangiomas in the diaper area, even fairly small ones, "have an unbelievable propensity for ulceration and are really bad," Dr. Pride said.

▶ Whether to treat pedunculated hemangiomas is a subject of debate.

While some plastic surgeons prefer to fix residual cosmetic defects after the hemangioma resolves, others recommend early surgical excision. Hemangiomas that grow like a mushroom, with a large mass on a narrow stalk, are especially good candidates for early intervention, Dr. Pride said.

When dealing with any pedunculated hemangioma, "get the surgeons involved early and then let them walk through the nuances of whether it should be done early or late," he said.

▶ Diffuse neonatal hemangiomatosis is a serious condition, since it's often accompanied by visceral hemangiomas in the liver, lung, brain, or GI tract.

The presence of five or more cutaneous hemangiomas should trigger an ultrasound examination of the infant, hemoccult stools, and possibly a chest x-ray if lung involvement or congestive heart failure is suspected.

Untreated, this condition has a 75% mortality rate.

▶ PHACES syndrome is another serious hemangioma-related condition requiring treatment.

It's named from an acronym of its main features: posterior fossa malformations; hemangiomas of the cervicofacial area; arterial anomalies, especially in the CNS; cardiac anomalies, sometimes including coarctation of the aorta; eye abnormalities; and sternal or abdominal clefting. ■

COURTESY DR. HOWARD B. PRIDE

This 5-week-old child has a large hemangioma around the eye. The lesion was treated with prednisone for 4 months and responded well to the therapy.