

**DEFINITION**

1. **Alopecia** is the term used for loss of hair, either diffuse or patchy, due to a structural or functional defect in the follicle or to a change in the hair itself. In the normal situation at least 80 per cent of scalp hairs are in the growing phase (anagen), up to 1 per cent in the regressing phase (catogen) and the remainder in the resting phase (telogen).

**CLINICAL MANIFESTATIONS**

2. There is loss of hair either in patches over the whole head or over the whole of the body.

**TYPES & AETIOLOGY**

3. **Total alopecia** consists of hair loss over the whole of the body. It may exist from birth or arise following the shedding of the first haircoat. It is a genetically determined condition which may occur alone or be associated with other defects.
4. **Male-pattern baldness** (androgenic alopecia) consists of scalp hair loss of characteristic distribution occurring in adult males. The disorder is transmitted as a dominant characteristic but is thought to occur only in the presence of an adequate concentration of androgen at a particular age of the individual. The disorder begins with hair loss of the temples and vertex, usually at the beginning of the third decade. The course is extremely variable and there is no regrowth of hair.
5. **Telogen effluvium** is the term applied to diffuse alopecia occurring as the result of the premature precipitation of anagen follicles into telogen, a process which may be regarded as the common response of the follicle to many different types of stress such as fever, prolonged and difficult childbirth, surgical shock and emotional stress. The severity of the subsequent alopecia depends partly on the duration and severity of the stress and partly on individual variation in susceptibility.
6. **Chronic diffuse alopecia** may be produced by endocrine disorders such as hypo- and hyperthyroidism, hypoparathyroidism and diabetes, by chemical agents including continuous anticoagulant therapy, cytotoxic and cytostatic drugs, corticosteroids and vitamin excess, by protein malnutrition (primary and secondary), by iron deficiency, with or without anaemia, by severe chronic illness and by X-irradiation. When such factors as these have been eliminated, a great many cases remain for which no satisfactory cause of the alopecia can be demonstrated. The majority of such cases are women between the ages of thirty and fifty and it is believed that some of these are due to hereditary male-pattern alopecia.

7. **Alopecia areata** is a common condition in which the sexes are equally affected and which may be related to genetic factors, the atopic state, immunological factors and, possibly, emotional stress. The disorder presents as a single patch of hair loss which may be followed by more patches during the succeeding 2-3 months. In most cases regrowth occurs without pigment and occasionally the disorder extends with patchy or total alopecia. Nail changes occur in a high proportion of cases of alopecia areata. These include pitting, longitudinal ridging and irregular thickening.
8. **Traumatic alopecia** occurs as the result of fracture of the hair shafts which may be primarily due to habitual tugging and twisting of hair, repeated straightening of natural curly hair with heating irons, various chemical treatments, or secondary to a genetic, metabolic or other defect of follicular function which results in hair which is easily broken by normal forces.

## CONCLUSION

9. Alopecia is a condition characterised by loss of hair. It may be genetically determined or caused by numerous external factors which are summarised above.

## REFERENCES

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