

# Proceedings & Key Messages from the AHRS Scientific Session at RADLA 2021 Virtual Edition

## Alopecia: Focus on Dynamic Aspects

April 15-18, 2021



María Eugenia Cappetta, MD, Gisela D'Atri, MD, with scientific take-home points contributed by the presenters

### Background

The American Hair Research Society (AHRS) was pleased to present a scientific session at the RADLA 2021 Virtual Edition, which was held April 15-18, 2021. The AHRS session was a pre-recorded 90-minute session available on demand in the RADLA virtual meeting platform.

RADLA is a professional scientific organization that congregates dermatologists and dermatology residents from 15 Latin American countries. Since 2019, the AHRS has participated as an ancillary meeting of RADLA in the effort since NAHRS expanded to all of the Americas.

Due to the COVID-19 pandemic, the 2020 RADLA meeting, which was to be held in Asunción, Paraguay, was transitioned to a virtual congress and many sessions were on demand. Despite the global situation, more than 5,000 physicians enrolled this year.



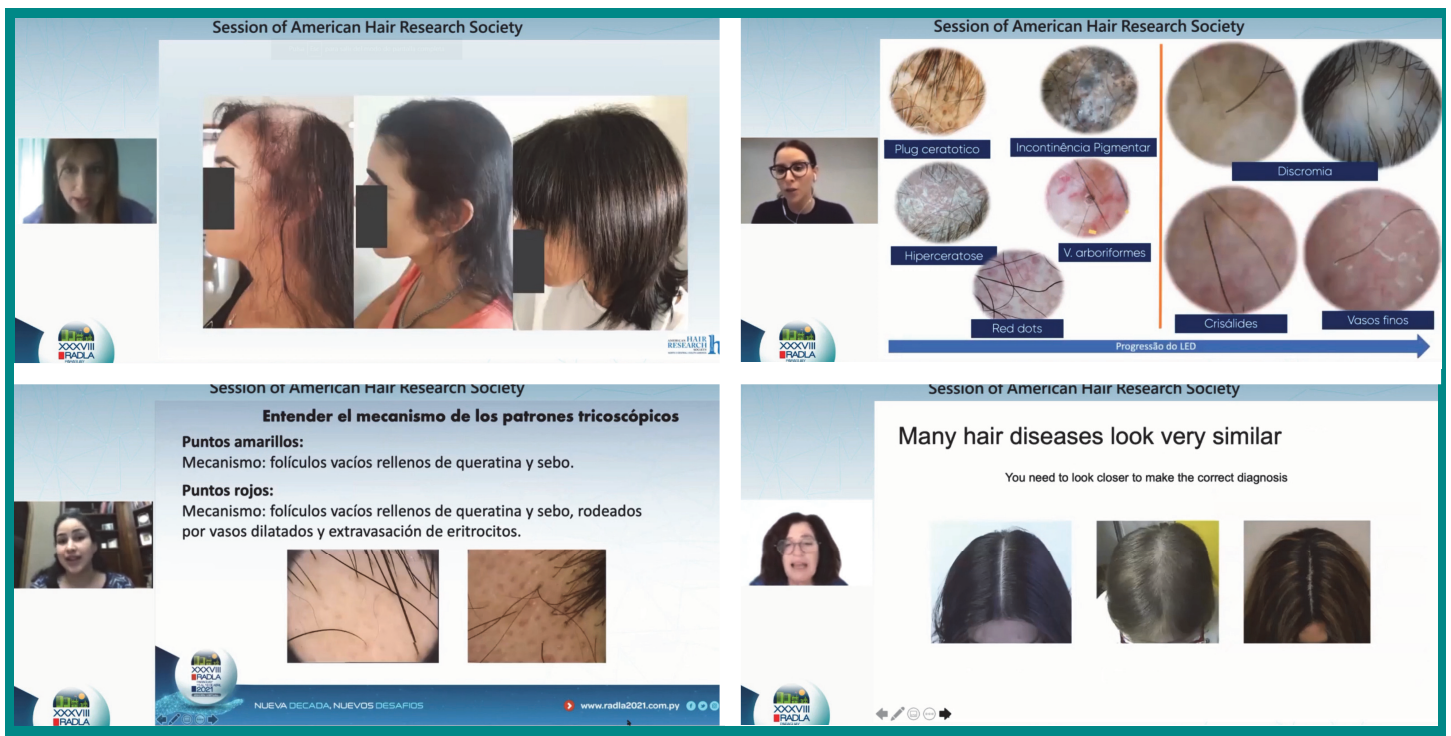
### Welcome & Opening Remarks

Dr. María Eugenia Cappetta (Argentina) introduced the AHRS, and she explained its mission, the AHRS mentorship program, and the advantages of AHRS membership. Following the welcome remarks, and launched by AHRS President Dr. Antonella Tosti, presentations were made by seven esteemed Latin American colleagues. Key take-home points follow.

### Alopecia Areata Incognita vs Diffuse Alopecia Areata

Dr. Gisela D'Atri (Argentina) explained the differences between alopecia areata incognita and diffuse. She mentioned that prognosis tends to be good in both entities and she stressed the following:

- These are underdiagnosed or misdiagnosed entities, and often mistaken to be telogen effluvium or androgenetic alopecia.
- The typical peribulbar inflammatory infiltrate is hardly ever found in biopsies of alopecia areata incognita, but it is more common in diffuse variants.
- Trichoscopic signs are more striking in diffuse forms (black dots, exclamation mark hairs etc.).



## Folliculitis Decalvans–Lichen Planopilaris Spectrum—When Limits Are Not So Clear

Dr. María Eugenia Cappetta (Argentina) presented two clinical cases to illustrate the overlap between neutrophilic and lymphocytic alopecias and made the following key points:

- It is important to understand the dynamic process of scalp dermatoses/alopecias and to suspect these entities, which seem to have a particular prognosis; then combine treatments such as antibiotics with anti-inflammatory and immunosuppressants.
- Dysbiosis is a possible initial factor that triggers the immunoprivilege collapse.
- There are histological clues that would lead you to suspect folliculitis decalvans–lichen planopilaris spectrum: follicular packs (2-5 follicles), follicular epithelium atrophy, lymphohistiocytic infiltrate with granulomas, plasma cells, absence of or few neutrophils.

## Trichoscopy as a Dynamic Tool

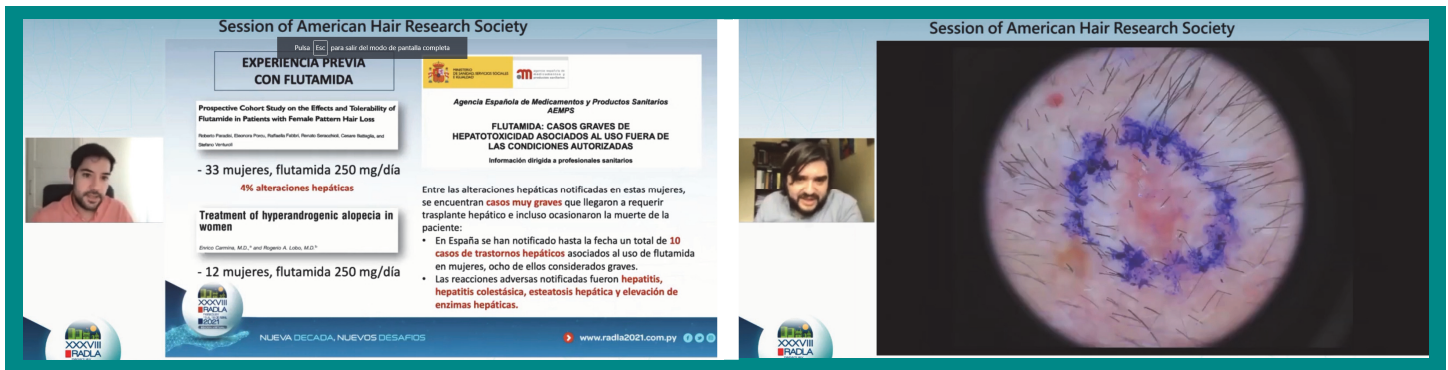
Dr. Norma Vázquez (México) presented trichoscopy as a useful dynamic tool. Take-home messages included the following:

- It is important to recognize patterns, including time and space, when using traditional trichoscopy.
- Trichoscopy is a useful tool not only for diagnosis but also for guiding treatment and as an evolution control.
- It is also important to understand the pathological mechanism to interpret the trichoscopic features and to know the stages of the diseases.

## Scalp Discoid Lupus: The Great Simulator

Dr. Bruna Duque Estrada (Brazil) reviewed the clinical and trichoscopic features of lupus discoid, a great simulator, and made the following key points:

- You should always be mindful of other inflammatory and neoplastic scalp conditions such as psoriasis, Bowen's disease, or basocellular carcinoma as differential diagnosis.
- From a trichoscopic point of view, discoid lupus is the most colorful disease.
- It is important to recognize early lesions to improve prognosis and to distinguish active lesions from scarring lesions to quantify disease activity.



## Alopecia Areata: Trichoscopy Findings

**Prof. Antonella Tosti (USA)**, AHRS president, reviewed the trichoscopic findings of alopecia areata. Take-home points included the following:

- Trichoscopy is a useful tool for establishing diagnosis, mainly in difficult cases as diffuse variants. It is also useful to assess short-term prognosis and follow-up during treatment.
- Typical features of alopecia areata include yellow dots, black dots, exclamation mark hairs, numerous circle hairs, and broken hairs.
- To make an accurate diagnosis, recognize diseases that share trichoscopic signs with alopecia areata such as trichotillomania, traction alopecia, anagen effluvium, or dissecting cellulitis.

## Bicalutamide in Female Pattern Hair Loss

**Dr. David Saceda-Corralo (Spain)** presented his experience on the use of bicalutamide in female pattern alopecia as an alternative to conventional treatments for selected cases. Key points were the following:

- He reviewed the safety profile of the drug compared with other antiandrogens as flutamide. Although elevation of transaminases can occur as a side effect, it is often mild.
- He noted the efficacy of low doses as 25-50 mg q.d. and the possibility of combining with other drugs such as oral minoxidil.
- Seborrhea tends to improve early during the treatment. It is also worth mentioning vertex alopecia improvement.

## Alopecia in Systemic Amyloidosis

**Dr. Jorge Larrondo (Chile)** shared exceptional clinical cases that showed how hair diseases can be a marker for systemic conditions, in this particular case amyloidosis. The key points of his lecture included the following:

- Alopecia in systemic amyloidosis is uncommon, often precedes the diagnosis, and can be localized, diffuse, or universal.
- Trichoscopic features guide the biopsy to confirm the deposits.
- Dermatologists should be part of the medical team that take care of these patients.

## Closing Remarks

**Dr. Gisela D'Atri (Argentina)** closed the meeting with final comments, thanking the presenters. All look forward to the next RADLA meeting, which we hope will take place in person.