


HAIR DISORDERS

Alopecia areata

- ▶ Autoimmune defect
 - ▶ Loss of hair on clinically normal skin
 - ▶ Localized patches to universal involvement
 - ▶ Spontaneous recovery in uncomplicated cases
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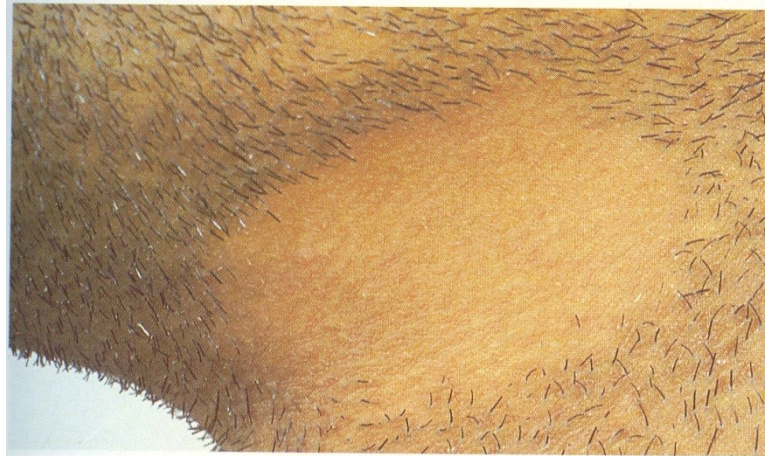
Clinical features

- ▶ Common before the age of 40
- ▶ Wide range of patterns
 - Single patch
 - Totalis
 - Universalis
- ▶ Round patch of complete hair loss with no visible change on the skin
- ▶ Exclamation mark hair
 - Few millimeter long
 - Proximal end is thin and depigmented
 - Shows continued activity of disease
- ▶ Nail involvement
 - Pitting with longitudinal lines











Bad prognostic signs

- ▶ Several patches
 - ▶ Ophiasis
 - ▶ Loss of eyebrows & eyelashes
 - ▶ Early onset
 - ▶ Alopecia totalis/ universalis
 - ▶ Associated atopic dermatitis
 - ▶ Recurrent attacks
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- ▶ Irritant & sensitizers
 - Diathrinol
 - DNCB
 - Primin
 - Poison ivy
 - ▶ Ultraviolet light
 - Psoralen-UVA
 - UVB
 - ▶ Minoxidil
 - Can be used in localized & extensive alopecia areata
 - ▶ Cyclosporin
 - Used in extensive alopecia areata
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Eczema–Clinical Features & Management



Definition

- ▶ Eczema means “To Boil OUT”
- ▶ In acute eczema it appears that skin is boiling out or oozing out

Clinical Definition

- ▶ Eczema is specific inflammatory response of skin due to various exogenous (Irritants & Allergens) & endogenous factors characterized clinically in acute state by itching, erythema, oedema, papules, vesicles,oozing & crusting & in chronic state by thickening, dryness & hyper- pigmentation

Clinical Features

- ▶ Acute
- ▶ Chronic

Acute Eczema

- ▶ Itchy Erythematous & Oedematous Plaques surmounted by papules & vesicles
- ▶ Vesicles rupture to produce oozing of fluid
- ▶ Exudate dries to form crusts



Chronic Eczema

- ▶ Itchy Thick (Leathery) dry hyperpigmented ill-defined plaques with prominent skin creases



Etiological Classification

- ▶ Endogenous (Genetic factors predisposes the patient to eczema)
- ▶ Atopic
- ▶ Discoid Eczema
- ▶ Seborrheic
- ▶ Lichen Simplex chronicus
- ▶ Pompholyx

Exogenous (External Factors)

- ▶ Contact Dermatitis
- ▶ Photodermatitis

Atopic Eczema

- ▶ Severe itching with dry skin
- ▶ Chronic course (Relapses & Remissions)
- ▶ Facial & Extensor surfaces predominantly affected in infants & children
- ▶ Flexural sites (Neck, antecubital, popliteal) in adults
- ▶ Personal/Family history of Atopy (Hay fever, Allergic conjunctivitis / rhinitis / pharyngitis, urticaria)

PATHOGENESIS

- ▶ The pathogenesis of atopic dermatitis is multifactorial, and not completely understood
 - Genetic factors
 - Immune system imbalance
 - Environmental triggers
 - Skin barrier dysfunction

GENETIC AND ENVIRONMENTAL FACTORS

- ▶ Irritants
- ▶ Hot humid environment, wetwork
- ▶ House dust mite
- ▶ *Staphylococcus aureus*







DISCOID ECZEMA

Discoid eczema occurs in all age groups but particularly in young adults. It is characterised by circular, sharply demarcated, symmetrically distributed areas of dermatitis occurring primarily on the extremities although the trunk can also be involved





SEBORRHOEIC DERMATITIS

This is a common chronic dermatitis characterised by redness and greasy scaling that occurs in areas of the body rich in sebaceous glands such as the scalp and face

- 2 age groups affected
- Infant (2 months to 6 months)
- Adults

Seborrheic Eczema

- ▶ Itching less marked than in Atopic eczema
- ▶ Sites; Scalp, Eyebrows ,eyelashes ,nasolabial folds ,retro-auricular region, pre-sternal & interscapular region, axillae & groin







TREATMENT

- ▶ Medicated shampoos (eg containing Ketoconazole, Zinc pyrithione, Salicylic acid and Tar), are helpful to control the disease.
- ▶ Moderately potent topical steroid scalp preparations such as betamethasone scalp lotion may be needed to reduce the redness and pruritus

TREATMENT

- ▶ Facial lesions :1% hydrocortisone and ketoconazole cream bid
- ▶ Systemic: ketoconazole, itraconazole 200mg per day 1w

pompholyx

Clinically, crops of clear small vesicles that look like sago develop on the palms, soles and sides of the fingers and toes. These dry out after about a week and may lead to painful fissuring of the skin.



Lichen Simplex chronicus

- ▶ Usually single (sometimes multiple) severely itchy ill-defined thickened, hyperpigmented associated with depigmentation (Lichenified) plaques over easily accessible sites like nape of neck, legs, and anogenital region
- ▶ Associated with anxiety and atopy





Exogenous Eczemas



Contact Eczema

▶ Irritant Contact Eczema

- Direct action of chemicals on skin
- Immunological pathway not involved
- Occurs in all exposed to sufficient concentration of chemical

▶ Causes

- Detergents, Solvents, alkalies. cutting oils

Contact eczema

- ▶ Allergic contact eczema
 - Immunological factors involved in developing sensitivity to allergens
 - Concentration of elements does not matter
 - Causes; plants, metals, cosmetics, medicines, rubber

Photodermatitis

- ▶ Eczema due to sunlight
- ▶ Sun-exposed sites affected



Management

- ▶ Patch test in case Of allergic contact eczema
- ▶ Topical
- ▶ Systemic

Patch Test

Patch comprised of multiple chambers containing allergens is applied on back of patient to find out cause of allergic contact eczema

Management

▶ General Measures

- Remove Triggering factors like allergens & irritants
- Apply Emollients :Vaseline if skin dry

▶ Acute phase

- Wet Compresses
- Corticosteroid creams

▶ Chronic Phase

- Corticosteroid ointment
- Emollients

Management

- ▶ Systemic Treatment
 - Antihistamines
 - Oral Steroids
 - Oral antibiotics if complicated by infection