HAIR AND SCALP DISORDERS

Cutaneous appendage

Originally a protective coat

Cosmetic importance
Functions

Protective

Cosmetic

Screen nasal passages

Minimises intertriginous friction
DISTRIBUTION

All over body except:

- Palmoplantar skin
- Mucocutaneous junctions
- Distal dorsal parts of digits

Density decreases with age
Types of Hair

- Lanugo hair
- Vellus hair
- Terminal hair

Normal shedding of hair: 50-100/day
Hair Cycle

Anagen
Growth phase
3-10 years

Catagen
Transitional phase
1-3 weeks

Telogen
Resting phase
3 months
Factor affecting rate of growth

- Age
- Sex
- Site
- Type of hair
- Season
- Thyroid hormones
- Estrogens
- Pathologic states
# Racial Differences

<table>
<thead>
<tr>
<th></th>
<th>Colour</th>
<th>Follicular Angle</th>
<th>Cross Sec^n</th>
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</thead>
<tbody>
<tr>
<td><strong>Caucasians</strong></td>
<td>Blonde/Red</td>
<td>Acute Angle</td>
<td>Oval</td>
</tr>
<tr>
<td><strong>Mongoloids</strong></td>
<td>Black</td>
<td>90°</td>
<td>Round</td>
</tr>
<tr>
<td><strong>Negroids</strong></td>
<td>Black</td>
<td>Marked Angle</td>
<td>Ellipsoidal</td>
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</tbody>
</table>
Pityriasis Capitis (Dandruff)

Physiological

Mild scaling of scalp

Affects almost everyone during adult life

Manifestation of seborrheic dermatitis/psoriasis
Disorders of Hair

**Excessive Growth**
- Hypertrichosis
- Hirsutism

**Loss of Hair (Alopecia)**

- **Reversibility**
  - Cicatricial (Scarring)
  - Non cicatricial (Non scarring)

- **Pattern**
  - Patchy  Alopecia areata
  - Diffuse  Androgenetic alopecia
  - Telogen effluvium
HYPERTRICHOSIS

Growth of coarse terminal hair

Excessive for site /age of the patient

Involving non-androgen dependent follicles
HIRSUTISM

Growth of Coarse terminal hair

Androgen dependent sites

Male sexual pattern
Important facts

5% of normal women body hair patterns overlap with men.

A women considered normal by one society - labelled as hirsute in the other

- Mongoloid females - hardly any hair
- Caucasians - in between.
- Mediterranean & South Asian races - most hairy
Causes

Polycystic ovary disease

Ovarian tumours

Congenital adrenal hyperplasia

Cushings syndrome

Prolactinoma

Idiopathic
Hirsutism
Treatment of Hirsutism

Cosmetic: Depilatory creams
   Waxing
   Plucking
   Electrolysis

Hormonal: Cyproterone acetate
   Spironolactone
   Corticosteroids
ALOPECIA

Types

**Cicatricial:** Permanent loss of hair

**Non-cicatricial:** Androgenetic alopecia, Telogen effluvium, Neonatal alopecia, Drug induced alopecia, Alopecia areata
Cicatricial Alopecia

Lupus Erythematosus
Cicatricial Alopecia

Pseudopelade
ANDROGENETIC ALOPECIA
(Male pattern baldness)

Loss of hair:
with increasing age

genetically predisposed individuals

response to circulating androgens
Clinical features

16% men b/w 18-29 yr
53% men b/w 40-49 yrs
50% females below 50 yrs
Classification

HAMILTON’s grading in males

LUDWIG’s grading in females
Pathogenesis

Genetically predisposed hair

↓ At puberty

Terminal → → vellus hair
Androgen
Treatment

Men

- Topical minoxidil 2%, 5%
- Oral Finasteride 1mg/day
- Surgical

Women

- Topical minoxidil 2%
Telogen Effluvium

Diffuse hair fall
Post stress
Post Pregnancy
Acute illness
Telogen Effluvium
ALOPECIA AREATA

Circumscribed
Totally bald
Smooth
Patchy hair loss
Reversible
Exclamation mark hair at margins
Etiology

Hereditary
Psychologic stress
Autoimmunity
Emotional stress
Course

Regrowth in few months

New patches within 3-6 wks
Extensive Alopecia areata
Alopecia universalis
Treatment

- Steroids
- Topical irritants
- PUVA
- Minoxidil
- Immunodulators.