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Case Study: Female Alopecia

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KEYWORDS :

In General Practice I have had female patients present to me with alopecia. Managing female alopecia can be challenging due to the limited treatment options available, variable outcomes of treatment and the psychological impact it has on patients. Hence, I felt undertaking a case study on female alopecia may be a beneficial learning tool.

Case Study

A 30 year old Caucasian female presented with a complaint of hair loss over the last 12 months. She stated that more hair than usual fell out during brushing and washing of her hair. She also witnessed more hair on the pillow case when she woke from sleep in the mornings. She felt that her pony tail had reduced in thickness by 25% over the year. She denied stress, any precipitating events or pulling her hair. She denied any other associated symptoms such as pruritus and denied androgenic symptoms such as hirsutism. She had no other medical history or family history of relevance. The patient was taking Yasmin for contraception and no other medications. On examination, the patient had no scalp changes. The patient did have some thinning of hair but no significant loss of hair. On investigation all her blood tests were normal including iron studies, vitaminB12, folic acid, thyroid function tests and hormone profile.

Approach to female alopecia

Investigating female alopecia

- Blood tests: FBE, UEC, LFT, TFT, ANA, iron studies, vitamin B12, folic acid, LH/FSH ratio, FAI, serum testosterone[1]
- Scalp biopsy

Causes of female alopecia

- Genetic predisposition[2]
- Female pattern hair loss: more common in post menopausal women[3]
- Telogen effluvium: precipitated by sudden weight loss, febrile illness, major surgery and childbirth. Usually a temporary condition requiring no specific medical treatment[3]
- Polycystic ovarian syndrome
- Systemic lupus erythematosus

Consequences of female alopecia

- Psychological impact including depression, low self esteem and avoiding social situations[4]

Treatments for female pattern hair loss

- Managing patient expectations: this is very important as outcomes of treatment options are highly variable[3]
- Psychological treatment: psychotherapy to improve confidence and self esteem[4]
- Correcting any deficiencies in: iron, vitamin B12 and folic acid[5]
- Treating underlying polycystic ovarian syndrome if present
- Minoxidil solution: 2% or 5% concentrations need to be used twice daily for at least 6 months[3]
- Antiandrogen hormonal treatments including spironolactone, cyproterone acetate and finasteride[6]
- Hair transplantation
- Referral to dermatology or endocrinology specialists may be warranted especially when considering hormonal treatments

Progress of the patient

The diagnosis of telogen effluvium was made as the above causes were ruled out on history and investigations and on further questioning she disclosed that she had commenced a healthier lifestyle and had lost 10 kilograms in the previous year prior to noticing any changes in her hair density. At presentation she was at a healthy weight with a BMI of 21. A healthy lifestyle was discussed and psychotherapy initiated to assist in increasing her confidence regarding her hair loss. The patient was reviewed again 6 months later where she felt that her hair density was slowly improving again with less shedding of hair.

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