Original Research Paper

ALOPECIA UNIVERSALIS A CASE REPORT AND REVIEW OF LITERATURE.

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KEYWORDS:

INTRODUCTION:

Alopecia areata (AA) is an organ-specific autoimmune disease mediated by T lymphocytes targeting hair follicles. AA often occurs on the scalp, although it could affect hair on other parts of the body. It is an acute condition presenting as well defined oval or round bald patches with smooth skin surface. In addition, the characteristic sign of AA is the exclamation mark hairs on the edge of baldness. AA can also extend to the entire hairy scalp and hair on the body surface. Based on the area of hair loss, AA can be divided into the patchy type, alopecia totalis (AT), and alopecia universalis (AU). Alopecia universalis is an uncommon form of alopecia areata (AA) involving hair loss over the entire scalp and body and is often difficult to treat. JAK STAT inhibitors have been largely successful in treating AA. We report herein a case of alopecia universalis successfully treated with oral Tofacitinib.

Case Report:

A 52 year old male presented with history of loss of hair over multiple sites in the body for 6 months. There was no history of pain, itch or any other drug intake prior to the occurrence f the lesions. Past history of patchy loss of hair over the scalp was present three years back for which he was treated with intralesional Triamcinalone acetonide 10mg/ml. On dermatological examination, multiple well defined patchy loss of hair with retained hair follicles were seen over the scalp (occipital), left eye brow, left mustache, right beard, abdomen and left shin area. Laboratory investigations were under normal limits. Diagnosis of alopecia universalis was made and patient was started on oral Tofacitinib 5mg twice daily and topical calcineurin inhibitor like Tacrolimus 0.1% ointment for local application twice daily. The patient was followed up and reviewed after 4 weeks of the treatment.



Figures: Before And After

DISCUSSION:

More recently, with the advancement of pre-clinical and genetic studies, a greater understanding of the pathomechanisms involved in the development of AA has been uncovered. This has resulted in the introduction of targeted therapies that use small molecules to block specific pathways involved in AA pathophysiology. As such, the use of janus kinase (JAK) inhibitors for treatment of AA has emerged. JAK inhibitors block the T-cell mediated inflammatory response thought to be the driving factor behind AA pathogenesis, by inhibiting the janus kinase (JAK) signal transducer and activator of transcription (STAT) signaling pathway, leading to a reversal of hair loss in AA patients.

CONCLUSION:

Oral JAK STAT inhibitors are game changers when it comes to treatment of alopecia universalis/ alopecia areata. Long standing alopecia areata and alopecia universalis are difficult to treat in a short span though in most of the cases remission occurs spontaneously.

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