

#AAD2019



IN 77TH AAD CONGRESS

1-5 MARCH 2019

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Pediatric Dermatology Dr. Ramón Grimalt



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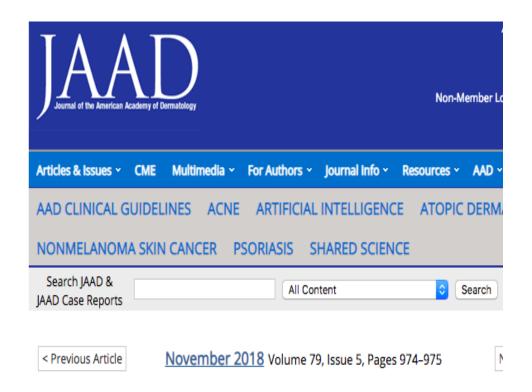


Alopecia areata what's new

Big rashes in little patients



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Seasonal patterns in alopecia areata, totalis, and universalis

Elana Putterman, BS, Leslie Castelo-Soccio, MD, PhD



- 457 children with AA, AT, or AU
- Month of onset of either the initial or a subsequent flare documented.
- AU patients with no documented flares before complete scalp hair loss were excluded.



- Environmental triggers for autoimmune alopecia have not been identified
- There might be a seasonal pattern, a predilection for flares during colder months.



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In AA patients with atopy or historically cyclic flare patterns, it may be reasonable to recommend prophylactic antihistamine therapy during high-risk flare months.



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Evidence supporting antihistamine therapy for AA is limited, but by inhibiting T-cell migration and T-helper cytokine production, these medications might interfere with CD41 T-cell-driven inflammation that contributes to hair follicle destruction in AA.

ALOPECIA AREATA TREATED WITH HYDROXYCHLOROQUINE



DOI: 10.1111/pde.13451

ORIGINAL ARTICLE

WILEY Pediatric Dermatology

Alopecia areata treated with hydroxychloroquine: A retrospective study of nine pediatric cases

Duri Yun MD¹ | Nanette B. Silverberg MD² | Sarah L. Stein MD¹

AA AND HYDROXYCHLOROQUINE



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AA AND HYDROXYCHLOROQUINE





Yun D, Silverberg NB, Stein SL. Alopecia areata treated with hydroxychloroquine. Pediatr Dermatol. 2018;00:1–5.

ALOPECIA AREATA TREATED WITH HYDROXYCHLOROQUINE



- 9 patients
- 4 non-responders
- 5 responders
- Total SALT score reduction: 16
- Mean SALT score reduction: 3.2
- Overall mean SALT score reduction: 1.8

BIG RASHES IN LITTLE PATIENTS



Mycoplasma-induced Rash and Mucositis

- Patients are predominantly young and male ("tweens")
- Prodrome nearly universal
- Cutaneous involvement variable
- Mucositis without rash
- Mucositis + scant rash
- Mucositis + extensive rash (SJS-like)
- Excellent prognosis