

#AAD2019

Highlights
AEDV

IN 77TH AAD CONGRESS

1-5 MARCH 2019

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Onychology and trichology
Dra. Ángela Hermosa Gelbard

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HIGHLIGHTS IN TRICHOLOGY AAD 2019



- **S005- Follicular rescue in scarring alopecias**
 - **Clinical indications For Treatment os Scarring alopecia-Dr. Shapiro.**
 - **Therapeutic algorithms for Scalp discoid LE, LPP, FFA, DF, DC.**
 - **magistral formulation containing tacrolimus 0,3%+ cortico steroid+ minoxidil 5% BID in solution** → Useful as first line therapy in the management of DLE, LPP and FFA
 - **Lichen planopilaris:**
 - > 10%: 1st line: doxycycline or HCQ
 - **New therapeutic options:**
 - Naltrexone 3 mg/d → reduction of the symptoms
 - Pioglitazone → increased risk of bladder cáncer.
 - JAK inhibitors: in non-responders extensive forms
 - **Frontal fibrosing alopecia:**
 - Similar treatment of LPP but:
 - **Finasteride or dutasteride**
 - **Less concentration of IL-TAC** (2,5 mg/ml 1 cm behind the frontal line)
 - **FFA AND SUNSCREENS** → asociation between FFA and the use of facial moisturisers and sunscreens
 - Ingredients possibly to avoid: Oxybenzone and Avobenzone.
 - Better sunscreens: mineral types.

- **Platelet Rich Plasma in the treatment of LPP, FFA and CCCA (Dr. Sadik – Dra. Aguh)**
 - Trichostimulatory and anti-inflammatory properties
 - **LPP:**
 - Case reports in LPP with no-improvement with intralesional and topical corticosteroids → **regression of itching, hair shading and inflammatory signs. Also useful prior to hair transplant.**
 - **Other new treatments in LPP:**
 - **Low level laser therapy** → Fonda et al: 8 patients with LPP treated with LLLT (630 nm, 4 J/cm²) 15 min daily x 6 months
 - Global reduction of erythema and perifollicular hyperkeratosis.
 - Increase of hair thickness
 - **Tofacitinib** → 10 patients, 5 mg 2-3 t/d x 2-19 mo → 80% clinical improvement
 - High level evidence-based studies and Protocols need to be developed for optimal results
 - **CCCA:**
 - **Possible utility in patients who have failed standart treatments**
 - Recomend continuation of minoxidil or other topical treatments
 - Session each 4 weeks → discontinuation if no improvement seen after two sessions.
- **Succesfull laser and medical treatment in traction alopecia and CCCA (McMichael)**
 - mutations in **PADI3** gen.
 - association with uterine leiomyomas and linfoproliferative disorders
 - **hair breakage** as an early sign.



- **Dermatoscopic clues to predict treatment success in scarring alopecias- A.Tosti.**
- Trichoscopy is useful in treatment and follow up
 - **LPP and FFA**
 - Thickness of peripilar casts → activity ← guide for treatment and monitorization
 - **FFA**
 - Absence of vellus hairs as early trichoscopic finding
 - **Discoid lupus erythematosus**
 - Absence/reduction of pinpoint White dots are diagnostic
 - Red dots: might regrow hair → Aggressive treatment
 - **FD**
 - Trichoscopy follow-up: disappearance of inflammatory changes with treatment. Tufts never disappear.
 - **Acne keloidalis**
 - Shaving has a main role → INGROWN HAIRS are diagnostic
 - **Traction alopecia**
 - Presence of vellus hairs
 - Hair casts indicate active traction

- **Hair restoration in scarring alopecia - Dr Larrondo**

- Consider

- 1. **Medical treatment** → is necessary before and after.
- 2. **Activity assesment**
 - Dermoscopy guided scalp biopsy
 - Ultrasound: useful to determine disease activity (recipient and donor area), vascular supply and follow up
 - If inflammatory activity → Better not to do surgery
- 3. **Surgical management**
 - Small and multiple sessions under medical treatment.

- **AHRS**

- **Accumulating evidence of the causation of FFA – Dr. Thompson**

- Causation of FFA –Chemical products
 - Sunscreens?
 - **Daily use of sunscreen are the primary cause of FFA nowadays**
 - Titanium dioxide?

F028- Self assessment: High Yield Hair Cases (Dr. Donovan)

- Potential benefits of LLLT for LPP
- **Finasteride and Spironolactone and Breast cancer in Women**
 - Finasteride: No studies
 - **Spironolactone: 3 studies.** The data suggested that the use of spironolactone don't increase the risk of breast cancer.
- **Tofacitinib → Dose dependent side effects**
 - Elevation in cholesterol
 - Elevation in creatinine
 - Herpes zoster infections
 - Serious infections
 - Non-melanoma skin cancer
 - **Pulmonary embolism** → Increased risk in patients who takes 10 mg twice daily

- **Conclusions**
 - New treatments in LPP management
 - LLLT
 - PRP
 - JAK inhibitors
 - Naltrexone
 - More studies and lectures about CCCA
 - Etiology
 - Trichoscopy
 - Treatment
- Possible relationship between FFA and sunscreens.
- Trichoscopy: Role not only in diagnosis but also in follow up.
- The role of hair transplantation in scarring alopecias.