#AAD2019

Highlights AEDV

In 77th AAD Congress

1-5 March 2019

★ Washington ★

Scientific Initiative of:

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Onychology and trichology
Dra. Ángela Hermosa Gelbard

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- **S023. Hair disorders Made easier**
- **Diagnosis in non- scarring alopecia- Tosti**
  - Androgenetic alopecia
    - Peripilar sign→ early diagnosis
    - Focal atrichia → mostly seen in postmenpausal women. Empty follicles and yellow dots with very thin short vellus hairs
    - Clue to distinguish vellus hairs vs regrowing hairs→ Thickness
  - Alopecia areata
    - In dark skin instead of yellow dots , there are White dots
- **Pearls in the management of scarring alopecia- Dr. Elston**
  - In scalp biopsy→ Surgifoam
  - Therapeutic options in DF: colchicine / dapsone

- **Treatment and follow up in non-scarring alopecia- Dr. Saphiro**
- **AGA**
  - AGA can be unmasked and made worse by the episodes of telogen effluvium
  - 1º minoxidil 5% → 2º add spironolactone or finasteride or dutasteride
  - PRP Protocol
    - 2 PRP sessions at 1 month intervals → if no succesfull response, STOP
    - →if succesfull, continue monthly PRP for more 4 months and reevaluate
    - NEVER PRP if scalp cáncer
- **Alopecia areata**
  - Intralesional ac. Triamcinolone
    - Low concentration (2,5 mg/cc) with higher volumes
    - 9 cc per treatment: 8 cc for the scalp, 1 cc for the eyebrows
  - In extensive forms
    - Contact immunotherapy
    - Tofacitinib associated to intralesional corticosteroids
  - PRP

- **S032. Alopecia work up and treatment**

- **Alopecia areata: why, what, how and when to treat- R. Sinclair**
  - Possible indications for systemic treatment
    - Rapid hair loss.
    - Extensive disease (>20% hair loss)
    - Chronic AA (>12m)
    - Severe distress
  - Current available systemic treatments: **Glucocorticosteroids**, MTX, CsA, azathioprine, dapsone, mycophenolate mofetil, tacrolimus and sulfasalazine

- **Updates On JAK inhibitors for Alopecia areata- Dr. King**
  - Tofacitinib (5mg BID) and ruxolitinib (10 g BID) are effective for severe AA.
  - Evaluate Q12wk, consider increase dose if hair regrowth inadequate
  - Expect near-complete hair regrowth over **6-9 months**
  - Treatment is necessary for maintenance of hair regrowth, if taper, do very slowly over **at least 1 year**
  - Scalp usually responds better tan eyebrows and eyelashes
  - Unclear if topical JAKi will be effective

- **Medically Maximizing Male and femmale pattern Hair Loss- Dr. Donovan**
  - **Methods of getting more minoxidil to the follicle**
    - Minoxidil+ Dermarolling
    - Minoxidil 7.5%
    - Minoxidil 5%+ azelaic acid 5%+ tretinoin 0,01%
    - Oral minoxidil (0,25-5mg)
  - **Oral minoxidil side effects**
    - Headaches, dizziness (1-2%)
    - Ankle swelling (1-2%)
    - Increased hair on face (15-25%)
    - Rashes and hives (15%)
  - **Off label finasteride treatment options to reduce side effects**
    - A) Lower finasteride doses (0,2 mg)
    - B) Topical finasteride 0,25% solution (inhibits DHT similar to 1 mg oral)
  - **Dutasteride in real practice**
    - Option 1: Switch to dutasteride if patient not responding to finasteride
    - Option 2: Continue finasteride and add 0,5 mg dutasteride on weekend
  - **Micro-inflammation in androgenetic alopecia**
    - Corticosteroids or antifungical products

POSTERS

- **Safety of 5ARI and spironolactone in breast cáncer patients receiving endocrine therapies**
  - Spironolactone has the potential to be used as a relative safe option for the management of EIA in female breast cáncer patients who respond poorly to topical minoxidil
- **Prevention of taxane induced alopecia and nail toxicity:**
  - Effective interventions to prevent hair loss: cold caps, scalp cooling
  - Effective interventions to prevent nail changes: frozen gloves, hydrating nail solution
- **Use of oral supplements in patients with hair loss disorders**
  - Biotin can falsely lower cardiac troponin levels and lead to misdiagnosis of myocardal infarction and also can falsely elevate thyroid function tests