Clinical Pearls In The Management Of Scarring Alopecia

S063 Hair Disorders Made Easier: March 6th, 2017

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I will be discussing off-label use of medications
Cical Pathogenesis: **Sebaceous Gland Dysfunction**

- **Sebaceous gland dysfunction**
  - Loss of PPAR gamma *
  - Mitochondrial dysfunction**

- **Toxic lipids**

- **Inflammation**

- **Fibrosis**


**Subbaiah et al. Mitochondrial Dysfunction Present Early and Trigger the Pathogenic Sequelae in Cicatricial Alopecia. JID 133, S260-S302 (May 2013).*
Setting Expectations
(The secret to a satisfied patient)

- Regrowth is not possible

- Goals of treatment
  - Decrease symptoms
  - Decrease inflammation
  - Maintain hair
Defining and Measuring Disease Activity and Endpoints

- Symptoms (itch, pain, burn)
- Signs of inflammation (erythema, scaling)
- Progression of hair loss (photography)
- Scalp biopsy

- Follow up - every 2-3 months until stable
- Expected duration of treatment
  - 6-9 months after stabilization
  - Recurrences are frequent
Therapy for lymphocyte mediated cicals: Steps and Layers

**Anti-inflammatory**
- Tier 1: Intralesionals (5mg/ml tac), topical corticosteroids
- Tier 2: Antibiotics (doxycycline 100mg bid), antimalarials (hydroxychloroquine 200mg bid), ppar gamma agonists (pioglitazone 15mg qd)
- Tier 3: Systemic anti-inflammatory (prednisone, cyclosporine 200-400mg qd, mycophenolate mofetil 1-2 g qd)

**Non-specific hair growth promotion**
- Topical minoxidil, 5-alpha-reductase inhibitors (finasteride, dutasteride)

**Cosmetic**

*Cicatricial Alopecia an Approach to Diagnosis and Management, Springer 2011*
Evidence for Treatment Efficacy

- **Hydroxychloroquine**:  
  - 40 patients with LPP, FFA  
  - Improvement in LPPAI in 69% and 83% of patients after 6 & 12 months, respectively

- **Mycophenolate mofetil**:  
  - 16 patient with LPP, failed other treatments  
  - Improvement in LPPAI in 83% of patients after 6 months
PPAR-gamma agonists

- PPAR gamma agonists: rosiglitazone, pioglitazone
  - Can be used in non-diabetics
  - Side-effects include weight gain, peripheral edema, bladder CA >1 year
  - Used low dose: (pioglitazone 15mg daily)
Lichen Planopilaris-maintenance

- ILT
- Topical corticosteroids
- Topical tacrolimus compounded in cetaphil®
Frontal Fibrosing Alopecia

- Management similar to LPP
- Low dose intralesional corticosteroid
- Use of 5-alpha reductase inhibitors
Treating FFA with 5-alpha reductase inhibitors

- Cohort of 355 patients
  - (111)31% took finasteride or dutasteride
  - 47% improved, 53% stabilized

- Targeted treatment or non-specific hair regrowth?
  - Co-existent AGA 40% of women and 67% of men
  - 5-alpha reductase type II- hair follicles
  - 5-alpha reductase type 1- sebaceous glands

Frontal fibrosing alopecia: a multicenter review of 355 patients.
Való-Galván S¹, Molina-Ruiz AM², Serrano-Falcón C³, Arias-Santiago S⁴, Rodrígues-Barata AR⁵, Gamacho-Saucedo G⁶, Martorell-Calatayud A⁷, Fernández-Crehuet P⁸, Grimalt R⁹, Aranequi B¹⁰, Grillo E¹¹, Díaz-Ley B¹¹, Salido R¹², Pérez-Gala S¹³, Serrano S¹², Moreno JC⁶, Jaén P¹¹, Gamacho FM¹³.
Finding the missing hairline in FFA: cocking the eyebrows, a useful maneuver
Hairline measurements for follow up visits
Intralesional injection of triamcinolone acetonide- regrowth in FFA


Eyebrow regrowth in patients with frontal fibrous alopecia treated with intralesional triamcinolone acetonide.
Coronian JC, Samrao A, Ruben BS, Price VH.
Central centrifugal cicatricial alopecia

- Assess severity
  - Biopsy
  - Ask about scalp tenderness
  - Ask about preferences in vehicles for topicals
  - Hair care guidance
Folliculitis Decalvans

- Decrease microbial load
  - For staph aureus: oral clindamycin and oral rifampin x10 weeks
  - Mupirocin ointment intranasal BID
- Topical or single agent po antibiotics for maintenance

References:

Successful treatment regime for folliculitis decalvans despite uncertainty of all aetiological factors. Powell J, Dawber RP.
Therapy for dissecting cellulitis

- Treatment similar to hidradenitis
  - Intraleisonals/anti-inflammatory
  - Antibiotics
  - Incision and drainage
  - Isotretinoin
  - Anti-TNF
  - Laser hair removal
Dissecting Cellulitis

Initial Presentation. Fungal and bacterial cultures-negative. Biopsy confirmed dissecting cellulitis. Patient failed po and topical abx, ilk, prednisone, isotretinoin, etanercept

Post infliximab and po TMP-sulfa
Summary

- Primary cicatricial alopecias
  - Defect of sebaceous glands

- Setting expectations
  - Regrowth not possible
  - Discuss/define endpoints

- Treatment Options- lymphocyte mediated
  - Anti-inflammatory, targeted, hair regrowth

- Treatment Options- neutrophil mediated
  - Anti-inflammatory, antibacterial