Practical Diagnosis & Management of CCCA, Seb Derm and Trichorrhexis Nodosa

Hair Care Practices and Hair Disorders in Skin of Color
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Central Centrifugal Cicatricial Alopeia (CCCA)
Evaluation

- Remove hair pieces and accessories
- Pattern: diffuse vs. localized; single vs. multiple
- Scarring
- Inflammation
- Scaling
- Pustules
- Eyebrows
- Pull test
- Signs of androgen excess (hirsutism, acne, etc)
Hair Breakage in CCCA (forme fruste)

- Zones of abnormally short hair (vertex or crown)
- No hair shaft deformities
- Negative pull test
- Pruritus and scalp tenderness
- Histology ranges
  - “Normal”
  - “Premature desquamation of inner root sheath in an otherwise histologically normal scalp”
  - Typical changes of CCCA

Diagnosis: Trichoscopy


dermatoscopic features of central centrifugal cicatricial alopecia

Mariya Miteva, MD, and Antonella Tosti, MD
Miami, Florida

See related articles on pages 415 and 431

Background: No data exist on the dermatoscopic findings in central centrifugal cicatricial alopecia (CCCA).

Objective: We sought to establish the spectrum of dermatoscopic features and their frequency in CCCA.

Methods: We retrospectively evaluated 153 nonpolarized dermatoscopic images obtained from 51 women with histologically proven CCCA and established a list of 12 dermatoscopic features that were

Miteva and Tosti. JAAD. 2014;71(3):443-9
Laboratory Evaluation: Serum Androgens

- 17-hydroxyprogesterone
  - In follicular phase (begins day 1 of menses)
- Total and free serum testosterone
  - If still ovulating
- DHEAS
- Extremely elevated levels + virulization = signs of virilizing tumor
- If free or total testosterone levels elevated or if galactorrhea is present → check prolactin
- Referral to endocrinologist
Laboratory Evaluation

• Bac cx if pustules present
• KOH/fungal cx if indicated
• ANA if SLE suspected
• Screen of syphilis if indicated

• CBC
• LFT
• Renal panel
• Thyroid panel

• Nutrition
  • Fe def (FPHL and TE)
    • check ferritin
  • Vit D 1,25 OH (vit d def associated w/ alopecia)
  • Excess Vit A
  • Zinc def
Management of CCCA

My first 3 visits
Management of CCCA: The 1st Visit

- Hair Consultation
- No other diagnoses evaluated
- Physical examination of hair/face
- Dermoscopy
- Pull test
- Labs
- Detailed discussion with hand drawing
- All questions answered

Purpose:
1. Set Expectations (marathon, not a sprint)
2. Decide on a goal (pixie cut, camouflage easier, remove need for wig, control ssx)

Result:
Loyal patient!

- All questions answered
Management of CCCA: The 2\textsuperscript{nd} Visit

- 1 to 2 four mm punch biopsies
- Use trephine at least 15 minutes after anesthesia w/ lidocaine w/ epi
- Active border
- Simple interrupted or Pulley or gel foam
- Petroleum jelly ointment B.I.D. until sutures removed
- Call to start ILK based on results
Management of CCCA: The 3rd Visit

• **Not A Suture Removal Appointment**
  • Sutures removed by MA before I arrive

1. ILK x 6 months
   • 2.5 to 10 mg x 2 ml about 1-2cm apart

2. Doxycycline 100 mg bid x 3 mos (40 mg thereafter) or Pioglitazone (if DM)

3. Anti-Seborrheic Shampoo
4. Clobetasol ointment

1. Minoxidil 12% in steroid (unless PRP < 1 year)
2. Finasteride
3. Supplements
4. Red Light

• **MUST GIVE PATIENT THE OPTION TO NOT START MINOXIDIL OR FINASTERIDE**
Management of CCCA:
6th month “Pow wow”

• Reassess in 6 months
  • Progress
  • Symptoms
  • Compare to baseline photos
  • Met goal or not (usually not)
• Cont monthly ILK
• Decrease ILK to 2-3 months
• Topicals only
• Platelet Rich Plasma (PRP)
Quick Note about long-term maintenance
Managing flares

• Every visit
  • Pruritus
  • Burning sensation
  • Tenderness
  • Excessive shedding

• Resume monthly ILK
• Repeat doxycycline 100 mg bid
• Consider hydroxychloroquine
• Do not offer PRP
Seborrheic Dermatitis

Defeat Dandruff Drink Water

www.miesha-k.com
Seborrheic Dermatitis

**Cause:** Malassezia
- Ketoconazole
  - Quite harsh on hair of African descent
- Ciclopinox
- Zinc Pyrithione
- Sulfaacetamide-Sulfur*
  - My hair stylists love it
- Tea Tree Oil

**Symptoms**
- Topical Corticosteroids prn
  - Fluocinolone oil
  - Clobetasone ointment
  - Fluocinonide ointment
  - Avoid solutions
  - +/- foams
How to manage Ketoconazole

Strategy 1
• Wash with conditioning shampoo, rinse
• Apply Ketoconazole shampoo to scalp and massage
  • Avoid working throughout hair shafts
  • Leave on for 5 minutes, rinse
• Wash with conditioning shampoo, rinse

• Deep condition
• “LOC Method”
  • Leave-in conditioner (moisture)
  • Oil (barrier)
  • Coconut Oil (optional, based on hairstyle)
  • Pay attention to distal end of hair shaft
How to Manage Ketoconazole

Strategy 2

• Part hair and apply ketoconazole to scalp about a half hour before washing
• Wash with conditioning shampoo
• Condition as above
Seborrheic Dermatitis: refractory

• Fluconazole
  • 150 – 200 mg qd x 10 – 14 days
  • Some need weekly maintenance, esp winter

• Itraconazole
  • 200 mg qd x 14 days

Seborrheic Dermatitis + Refractory Acne?
Patient probably has Pityrosporum Folliculitis!

Recurrent Pityrosporum Folliculitis?
Treat the scalp!
Trichorrhexis Nodosa
Trichorrhexis Nodosa

Hair Breakage
• Easily broken hairs
• Pull test: hairs broken mid-shaft, not from the follicle
• Abnormally short hairs

Causes
• Excessive Brushing
• Hair heated > 450° F = bubble hair
• Friction
• Traction
• Relaxers
Thank you

(443) HAIR-SKI(N)

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References