

## **OP42.2**

### **Alopecia areata in children**

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Alopecia areata (AA) is a immuno-mediated cronic disorder, characterized by the interruption of the hair cycle, targeting anagen hair follicles and causing non-scarring hair loss. The most commonly affected area is the scalp, but other hair-bearing areas can be affected, showing from discrete to large patches of alopecia or a total body hair loss. It targets 1 in 1000 peoples and onset is usually under 30 years of age. AA is associated with other immune-mediated disorders such as vitiligo and thyroiditis, so these conditions must be searched for. Recovery within a year and spontaneous hair grow are usual, even though almost all will relapse. Childhood AA and duration of more than a year are both worst prognosis factors. Generally, examination is enough for the diagnosis: discrete and smooth alopecia patches, 'exclamation mark' hairs limiting the patch and occasional red skin. The 'hair pull test' is positive (if active alopecia). Differential must include tinea capitis, trichotillomania, cicatricial alopecia, androgenic alopecia, secondary sifilis, telogen effluvium and triangular alopecia.

**Objective:** highlight the difference on management of AA in children.

**Method:** search on UpToDate and Pubmed with MeSH Alopecia. The management of AA in Children is more limited because of this age group's intolerance to some treatments (cutaneous reaction of anthralin and pain upon intra-lesional glucocorticoids (GC) administration) and possible serious side effects from systemic GC including adrenal suppression, growth retardation and loss of bone density. Topical potent GC are the first approach. Other therapies such as Minoxidil and topical immunotherapy are to consider.