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Hair loss in a young girl

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Introduction: *Alopecia areata* (AA) is a cause of autoimmune hair loss with a lifetime prevalence of 2%. AA can affect patients of both genders and all ages, but it often begins in childhood. AA typically presents as one or more well-defined round/oval patches of hair loss on the scalp with small “exclamation mark” hairs at the periphery; it can progress to total loss of hair on the scalp (AA totalis) or complete loss of hair on the body (AA universalis). A personal or family history of autoimmune diseases may be observed in a small subset of patients. A strong psychological stress can occur prior to the first episode. AA is associated with social and psychological disturbances.

Description: A 14-year-old girl presented with a 7-month history of progressive hair loss accompanied by psychological stress related to the separation of a close friend and conflicts with her mother. During that period of time, the patient changed her lifestyle because she was afraid of being bullied at school. She has been treated for dental caries since age 12, but there was no personal or family history of autoimmune diseases. Physical examination revealed findings compatible with AA. Investigations revealed normal complete blood count and thyroid function tests and an erythrocyte sedimentation rate of 6 mm/h. Anti-nuclear, anti-double-stranded DNA and anti-thyroid antibodies were negative. It was decided to start treatment with oral corticosteroids (for 2 months) and topical minoxidil. Additionally, she had one cariated tooth removed. After 6 months, a total regrowth of her scalp hair was observed.

Conclusion: AA is a disease with a variable prognosis and has a great impact on patient’s life, as it can cause emotional and social functioning disturbances. Family physicians are well positioned to identify AA, initiate treatment and follow closely these patients in order to prevent psychological problems.