

Treatment of traction alopecia with oral minoxidil



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Key words: alopecia; fringe sign; minoxidil; oral minoxidil; scarring alopecia; traction alopecia.

INTRODUCTION

Traction alopecia (TA) results from persistent pulling forces on hair follicles. TA is most commonly seen in women of African descent¹ and is thought largely to result from hair care practices causing sustained traction such as tight braids and pony-tails.^{1,2} Modifying hair care practices to minimize traction can lead to reversal of TA in early stages, but alopecia may become permanent in cases of long-standing traction. While topical and intralesional corticosteroids, antibiotics, and topical minoxidil are often used,³ there is a paucity of data regarding treatment options for TA. Improvement with 2 % topical minoxidil⁴ and hair transplantation⁵ have been reported. Use of oral minoxidil for TA has been reported in 1 series, with 3 of 4 patients continuing treatment for 3-14 months; however, details regarding efficacy were not provided.⁶ Herein, we present a case of a patient with TA who experienced notable hair regrowth with oral minoxidil.

CASE REPORT

A 31-year-old female presented with a several-year history of hair loss involving the frontal hairline. Physical examination was notable for decreased hair density of hair on the bilateral frontotemporal scalp with a thin strip of hair at the margins consistent with the fringe sign (Fig 1, A).⁷ The patient denied pruritus, scaling, or pain of the scalp. She had a history of wearing hair in tight hairstyles but had not been doing so for several years prior to presentation; however, she was presently using chemical relaxers. She had been treated previously with topical corti-

Abbreviation used:

TA: traction alopecia

costeroids and 5% topical minoxidil without improvement. Histopathologic evaluation of the scalp demonstrated noncicatricial alopecia with vellus hairs, increased cycling, and preservation of sebaceous lobules consistent with chronic TA.

The patient was started on oral minoxidil 1.25 mg daily along with fluocinonide 0.05% topical solution 2-3 times weekly for the first 2 months. After 6 months, there was notable regrowth of hair, and minoxidil was increased to 1.25 mg twice daily. After 11 months of the treatment, there was continued regrowth of hair on the bilateral frontotemporal scalp (Fig 1, B). She continued to use chemical relaxers throughout this time. The patient experienced mild hypertrichosis of the bilateral cheeks but otherwise tolerated oral minoxidil without adverse effects.

DISCUSSION

TA is a biphasic form of hair loss that can result in permanent, scarring alopecia in later stages. An early diagnosis and stopping traction are important in the management of TA; however, after prolonged and repetitive traction, spontaneous hair regrowth may not occur. There is limited data regarding therapeutic options for TA, but anecdotally, it is often difficult and frustrating to treat. Efficacy of oral minoxidil for a variety of hair loss disorders has been reported, but not for TA. Although additional investigations are

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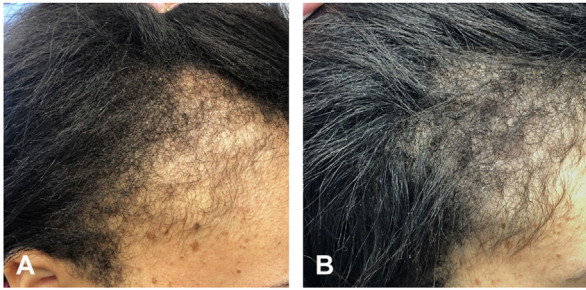


Fig 1. Response of traction alopecia to oral minoxidil. **A**, Frontotemporal scalp prior to treatment. **B**, Frontotemporal scalp after 11 months of treatment with oral minoxidil.

needed, the response to oral minoxidil in this patient suggests that it may be a promising treatment for patients with TA, particularly those with an earlier-stage, nonscarring hair loss.

Conflicts of interest

SK has no conflicts of interest. BC has received honoraria and/or fees from Aclaris, Arena Pharmaceuticals, Eli Lilly, Regeneron, Sanofi-Genzyme, and Pfizer.

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