



Trichotillomania occurs during the COVID-19 pandemic in an adolescent

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A 13-year-old boy presented with a 1-week history of hair loss on the scalp. Physical examination revealed linear alopecia with the normal scalp (Fig. 1a). Trichoscopy examination revealed irregular black dots, flame hair, and V sign (Fig. 1b). After a detailed inquiry, the patient finally admitted that he had pulled his hair down every night. The boy was then referred to the Psychology Clinic of the hospital. In the psychiatry visit, psychological scales (Children's Yale-Brown Obsessive–Compulsive Scale, Screen for Child Anxiety Related Emotional Disorders, Depression Self-Rating Scale for Children and Child Behavior Checklist) indicated a high level of anxiety due to isolation during the COVID-19 epidemic. A diagnosis of trichotillomania was made.

Trichotillomania is a compulsive desire or habit to pluck the hair, which is frequently associated with anxiety or depression [1]. Pathulos et al. reported that the COVID-19 pandemic led to hair-pulling symptoms increased in the patients with the body-focused repetitive behaviors that include trichotillomania, nail biting, and skin picking [2]. In addition, three cases of trichotillomania in children were reported which might be induced by bored mental, because the schools closed in the COVID-19 outbreak [3]. In our case, long-time separation from parents and lack of outdoor activity during the COVID-19 pandemic could be the cause. After 4 weeks of behavior modification therapy in the Psychology Clinic, the patient's alopecia achieved full remission (Fig. 1c). We

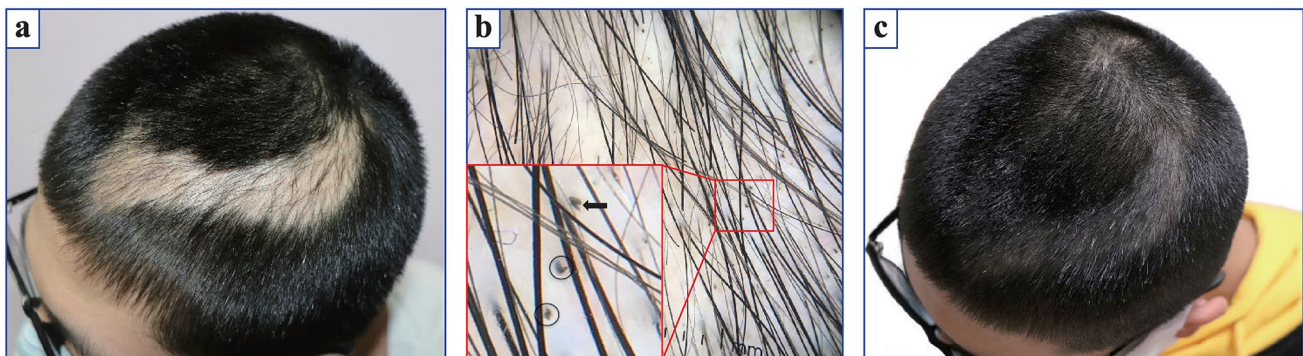


Fig. 1 Clinical manifestations of the patient's first visit to the clinic (a). The trichoscopy (Dermlite DL-4, 3Gen, polarized contact mode) examination revealed several irregular black dots in the whole view,

partially enlarged view showed flame hair (circle) and V sign (arrow) (b). The manifestations of the patient after completing the behavior modification therapy (c)

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Table 1 The psychological assessment pro- and post-intervention

Tools	Pro-	Post-	Explanations
CBCL	34	8	Decreased emotional and behavioral problems
CY-BOCS	23	11	Reduced obsessive–compulsive symptoms
SCARED	61	13	Reduced anxiety symptoms
DSRSC	14	17	Increased depressive symptoms

CBCL child behavior checklist; *CY-BOCS* Children's Yale-Brown obsessive–compulsive scale; *SCARED* screen for child anxiety-related emotional disorders; *DSRSC* depression self-rating scale for children

also summarize detailed psychological assessment scores before and after interventions in Table 1. This case reminded us that more attention should be paid to the mental health of children affected by the COVID-19 pandemic.

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Declarations

Conflict of interest No financial or non-financial benefits have been received or will be received from any party related directly or indirectly to the subject of this article.

Ethical approval This study has been approved by Ethical Committee of Beijing Children's Hospital.

Consent for publication Written consent for publication of the case details together with imaging or videos have been obtained from the parents.

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