

Unusual Dermoscopic Features in a Patient with Alopecia Areata

A 21-year-old female patient presented to us with extensive alopecia of the scalp of >6 years duration [Figure 1]. The lesions had started as patchy hair loss and had gradually increased to affect the whole scalp. A clinical diagnosis of alopecia areata going into alopecia totalis was made. Trichoscopy showed typical features of alopecia areata including – black dots, yellow dots, cadaverized hairs, and short vellus hairs. An interesting additional finding was the presence of dotted vessels in the interfollicular areas [Figure 2]. A biopsy from the scalp showed a dense perifollicular lymphocytic infiltrates in a “swarm of bees” pattern [Figure 3]. Occasional fibrous tract remnants and increased number of miniature hair follicles were also seen. She had history of being given intralesional steroids, topical corticosteroids, and some irritant treatments such as topical salicylic acid. Since the treatment response was poor, short contact dithranol (0.5% for 30 min)



Figure 1: Alopecia areata going into totalis

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was tried, but she developed irritation to the same. She was asked to stop dithranol. The redness and irritation subsided in a week's time. Trichoscopy at this stage showed the black staining due to dithranol, especially in the yellow dots, with some yellow dots showing complete black pigmentation, whereas others showing a peripheral rim of pigmentation [Figure 4]. The black staining on dermoscopy disappeared after a period of about a month.

Dithranol has been used for alopecia areata but is limited by the tendency to produce irritation and staining.^[1]

Our patient showed the typical trichoscopy features of alopecia areata, such as yellow dots, black dots, cadaverized hairs, and short vellus hairs.^[2] In addition, the unusual feature noted in this patient was the presence of prominent red-dotted vessels in the interfollicular areas as well as within the yellow dots. Although atypical vessels have been reported in alopecia areata, they are not very common. Atypical red vessels have been considered a poor prognostic

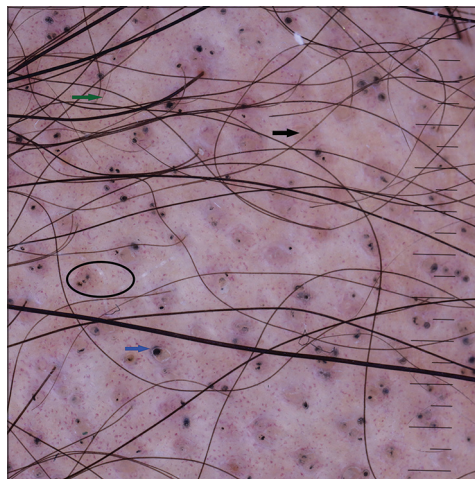


Figure 2: Trichoscopy– polarized light ×10 – foto ii pro-DermLite® – showing – yellow dots (black arrow), black dots, cadaverized hairs (blue arrow), isolated vellus hairs (green arrow), and dotted vessels over the yellow dots and in the interfollicular spaces (black circle)

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**Feroze Kaliyadan,
Abdulaziz
Alkhateeb,
Krishna Swaroop¹,
Abdulrahim
Abdulsalam
Alabdulsalam¹**

*Departments of Dermatology
and ¹Pathology, King Faisal
University, Jamia Street, Hofuf,
Saudi Arabia*

Address for correspondence:

*Dr. Feroze Kaliyadan,
Department of Dermatology,
King Faisal University,
Jamia Street, Hofuf,
Saudi Arabia.
E-mail: ferozkal@hotmail.com*

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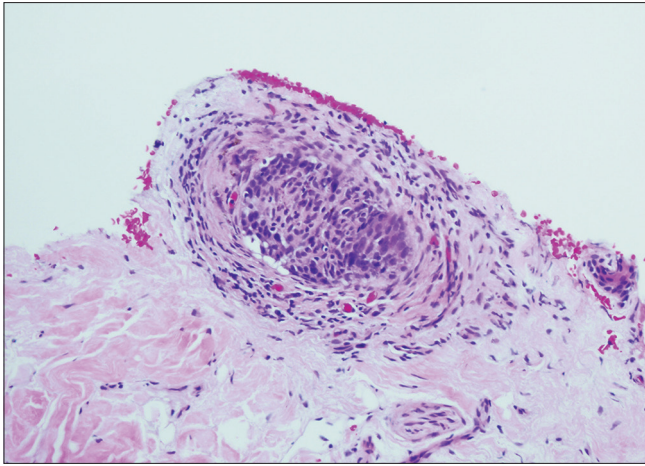


Figure 3: Histopathology, H and E x200, showing dense perifollicular lymphocytic infiltrates in a "swarm of bees" pattern

factor for alopecia areata.^[3] Follicular red dots have been described mainly in the context of discoid lupus (where it has been attributed to the presence of dilated vessels and red blood cell extravasation around the isthmus) but has also been reported in alopecia areata.^[4] It is possible that inflammation induced by some of the treatment options for alopecia areata could have a role in the development of atypical vascular patterns.

We present this case to highlight the unusual dermoscopic appearance due to dithranol staining in alopecia areata, which might mask or confound the typical dermoscopic patterns and the atypical vascular pattern noticed in the interfollicular spaces.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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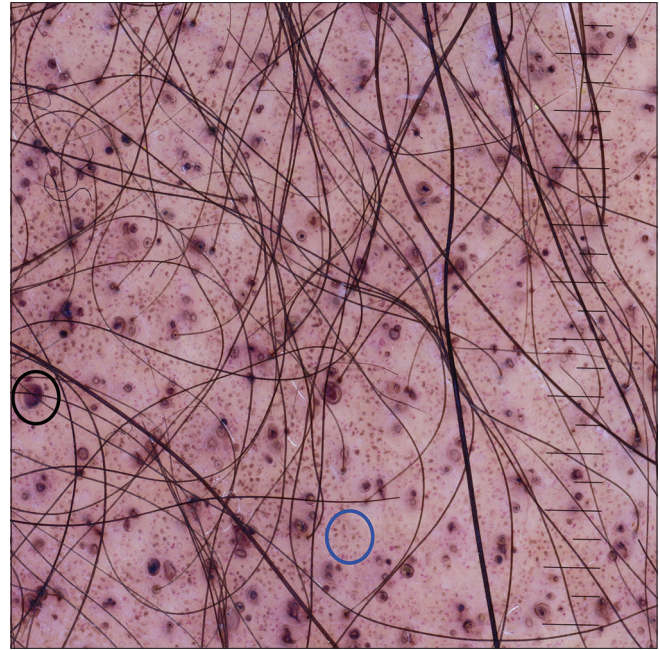


Figure 4: Trichoscopy—polarized light 10x – foto ii pro-Dermlite® -Dithranol staining shown in trichoscopy – dotted stains in the interfollicular areas (blue circle) and partial and complete pigmentation over the yellow dots (black circle)

Conflicts of interest

There are no conflicts of interest.

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