

ALOPECIA

DRM-2 Protocol and Pathway – Dermatology Specialty (29/03/2011)

Patient presents

Scarring alopecia:

Loss of hair follicles with or without inflammation an accompanied by scarring.



Localised inflamed non scarring:

Consider tinea infection may also cause scarring)



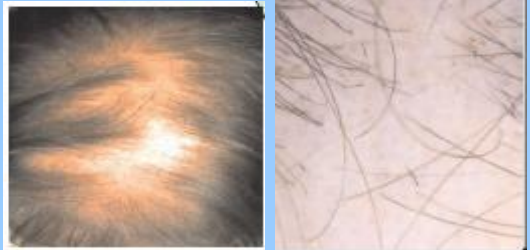
Localised non scarring:

Alopecia areata patchy hair loss with exclamation mark hairs



Diffuse non scarring alopecia:

Physiological : normal aging process
 May occur after recent pregnancy or severe illness (telogen effluvium)
 May be component of polycystic ovarian disease in young women
 Consider any new medications



Diffuse inflamed non scarring:

Consider psoriasis or seborrhoeic dermatitis

Primary Care treatment for each condition:
 See next page

Following GP level intervention, then refer:

Treatment at community outpatient centre for following reasons:

- Persistent alopecia
- Diagnostic uncertainty
- Failure to respond to therapy
- Intralesional injections for limited Alopecia Areata (<5patches)
- For additional advice and support.

Onward referral to acute hospital:

- Extensive Alopecia
- Scarring Alopecia
- Wig prescription only for alopecia caused by disease.
- For Contact immunotherapy or Phototherapy.

Key

Patient presents

GP level intervention

Alternative Outpatient Service

Acute hospital

Red flag

Primary Care Diagnosis and Treatment

Alopecia may be scarring or non scarring, localised or diffuse , inflamed or non inflamed.

Diagnostic and management tips

Diffuse non scarring alopecia:

- Reassure patient with mild androgenetic alopecia that condition is physiological
- Telogen effluvium occurs 3-4 months after pregnancy but will recover spontaneously
- Diffuse alopecia : check full blood count, ferritin and thyroid function.
- Women with severe degree of alopecia caused by disease can be considered for NHS wig prescription.

Localised non scarring:

- Look for exclamation marks hairs.
- Reassure patients with mild alopecia areata that spontaneous regrowth is likely.
- Generally good outcome in patients with short history and limited extent.
- Intra-lesional injection of triamcinolone may be indicated.

Diffuse inflamed non scarring:

Treatment:: Coal tar + salicylic acid ointment
Anti fungal shampoo (ketoconazole)
Caliprionol or topical steroid lotion

Localised inflamed non scarring:

- Send hair plucking to microbiology lab
- If dermatophyte infection confirmed , treat with oral terbinafine,
- In children, consider griseofulvin 10mg/kg (terbinafine is unlicensed in children)
- Consider referral if diagnostic uncertainty.

Scarring alopecia:

- Non inflammatory scarring alopecia: burns, tumours or surgery.
- Inflammatory scarring alopecia: lichen planus, discoid lupus erythematosus.

If there is diagnosis uncertainty: refer to Dermatology Community Service