

Management and outcome of Alopecia Areata

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ABSTRACT:

Introduction: An autoimmune disease called alopecia areata usually results in unpredictable, uneven hair loss. One or more circular bald patches that may overlap are the first signs of sudden hair loss. The defense mechanism assaults alopecia areata hair follicles, which can be triggered by extreme stress. The main symptom Alopecia areata is hair loss. Alopecia areata may cause a few patches, but it can also affect larger scalp regions. When all of the hair on Alopecia totalis, the loss of the entire scalp according to medical professionals. The condition known as Alopecia universalis is a term for widespread body-wide hair loss. No matter your age, gender, or color, alopecia areata can affect you; nevertheless, most instances start before the age of 30. A few days or weeks may pass before there is a noticeable loss; before the hair loss, there may be burning or itching in the area.

Patient History: Patient 10 years old female, admitted to hospital with chief complaints of Patchy hair loss for six months. The patient was appropriately alright six months back when she noticed a single patch of hair loss on the crown initially, it was size 1x1cm, and it gradually progressed to a length of 3x2cm.

Presenting Complaints and Investigation: The patient was appropriately all right six months back when she noticed a patch on her scalp and hair loss, size 1x1 cm and 3x2 cm; after physical Examination, the patient was diagnosed with Alopecia areata. Total cholesterol-130mg/dl, triglycerol-79mg/dl, HDL-64mg/dl, LDL-64mg/dl, VLDL-15mg/dl, T3-1.45ng/dl, T4-9.51ug/dl, TSH-2.20uIU/ml.

Past History: No prior hospitalizations or medical or surgical illnesses in the past.

The main diagnosis, therapeutic intervention, and outcome: After a physical examination and investigation, a case was identified as Alopecia areata; treatment of this case Tab. betnard 0.5mg, Tab. rantak150mg, Syp. Zincovit 1tsp, tacro cream over all lesion.

Conclusion: An autoimmune hair loss condition known as alopecia areata is frequently encountered in general care; describe the severity of the illness, and develop the proper differential diagnosis. The prognosis for the complex in alopecia areata is that while many individuals recover independently, some may have a persistent illness.

Keywords: Alopecia areata, hair loss, alopecia universalis, alopecia totalis

Introduction:

Areata alopecia Alopecia areata is an autoimmune condition that results in non-scarring hair loss while leaving the hair follicle intact. The many types of hair loss include complete or widespread hair loss, which may occur in all locations with hair, and loss in clearly defined patches. The kind of alopecia areata that affects the scalp in patches is most typical. around 2% of the overall populace will experience alopecia areata.¹ The most used medications to treat this condition are corticosteroids.² Alopecia areata has been connected to endocrine disorders, various mental states and stress, errors of refraction, vitiligo, neurodermatitis, stressful experiences and specific lesions, like oral abscesses, can cause reflex irritations.³ Asthma, autoimmune disorders, thyroid conditions, atopic dermatitis, and allergic rhinitis including thyroiditis and vitiligo are among the illnesses that are frequently linked with alopecia areata.⁴ Alopecia Areata treatment with several creams or lotions, including minoxidil, oral or topical corticosteroids, as well as a number of light-based treatments. Some skin treatments have unpleasant side effects, such as itching or

hair growth in areas of the body other than the affected area. Serious side effects from oral steroids are possible. Furthermore, there is no assurance that any hair that grows back during therapy will stay after it is over.⁵The duration and severity of alopecia areata, an immunologically caused disorder, vary greatly in amount, and pattern of hair loss during any given episode of active loss. This variability extends beyond the time when hair loss first begins. Clinical studies for alopecia areata have been challenging to plan and carry out because of these variables, the irregularity of spontaneous regrowth and the inconsistent reaction to different treatments.⁶No treatment for alopecia areata patients has shown to be effective over the long term, according to reliable trial data. The medical term for autoimmune disease-related hair loss on the scalp and body is alopecia areata. The scalp is the most typical site of alopecia, either in the form of a single patch or several. An increase in telogen follicles and an inflammatory lymphocytic infiltration in the peribulbar area are characteristics of histopathology. Corticosteroids are the most often prescribed drugs for this illness. This review provides detailed explanations of the origin, pathogenic mechanisms, clinical characteristics, diagnosis, and management of alopecia areata.⁷

Patient Information:

Patient 10 years old female, admitted to hospital with chief complaints of Patchy hair loss for six months. The patient was appropriately alright six months back when she noticed a single patch of hair loss on the crown initially, it was size 1x1cm, and it gradually progressed to a length of 3x2cm.

Primary concerns and symptoms of the patient:

The patient 10, years old female, was admitted to the hospital with chief complaints of Patchy hair loss for six months. The patient was appropriately alright six months back when she noticed a single patch of hair loss on the crown initially, it was size 1x1cm, and it gradually progressed to a length of 3x2cm.

Past medical and surgical history:

No prior surgery or medical history of this patient.

Family history:

There was a nuclear family in this instance; there were no available medical records. And a medical background. She used to be a part of a nuclear family in my family. She maintained close relationships with his loved ones, physicians, nurses, and other patients. Four members are present in her family. Patients have no bad habits.

Clinical Findings:

Total cholesterol-130mg/dl,
triglycerol-79mg/dl,
dhdl-64mg/dl,
LDL-64mg/dl, VLDL-15mg/dl, T3-1.45ng/dl, T4-9.51ug/dl, TSH-2.20uIU/ml.

General Examination:

Their state of health was unhealthy; their body built thin, their weight was 12kg, and their vital parameter was average.

General Examination:-

State of healthy was unhealthy; the body was built thin, the patient's height was 150 cm, their weight was 48, and his vital parameter was average.

Timeline:-The patient was admitted for a short period, and because her general health was terrible then, she took treatment at Hospital, where she received the appropriate care.

Diagnostic assessment: After physical Examination and investigation, a case was identified as Alopecia areata; treatment of this case Tab. betnard 0.5mg, Tab.rantak 150mg, syp. zincovit 1tsp, tacro cream lover all lesion.

Diagnosis: After physical Examination and investigation doctor diagnoses Alopecia Areata.

Therapeutic Intervention:

Treatment of this case Tab.betnard 0.5mg, Tab.rantak 150mg, syp.zincovit 1tsp, tacro cream lover all lesion.

Nursing perspective: Patient daily care like bed making, nail cutting, hair combing, and vital sign monitoring correctly.

Followup and outcomes:

Followup: Regular check-ups, maintaining personal hygiene, and taking the prescribed medications, as directed by a doctor.

Outcomes: The patient was advised to take complete bed rest, maintain hygiene, and take medication correctly.

Discussion:

Alopecia areata Up to 2% of people worldwide are affected with the non-scarring hair loss syndrome known as alopecia areata (AA). According to reports, around 80% of those with spotty, limited AA experience independent recovery. Areas of recurrent and intermittent hair loss, or severe variants like alopecia universalis, alopecia ophiasis, or alopecia totalis are hallmarks of AA and frequently cause significant psychological harm. Comprehensive treatment is essential to stop further morbidity linked to this condition because the psychological effects of AA are particularly vulnerable in the pediatric population. Although there are several off-label therapy alternatives available for people with AA, Currently, the autoimmune thyroid disorders like Grave's disease and Hashimoto's thyroiditis, pernicious anaemia, Addison's disease, and others have not received FDA approval for any therapies, diabetes mellitus, and vitiligo are among the autoimmune disorders that are reported to be present in 25% of cases. The most prevalent illnesses linked to AA are thyroid problems, which are combined with a personal or family history of atopic dermatitis, which is present in 8–12% of patients.⁸⁻¹⁷

Doctors must carefully assess the patient's hair condition, which necessitates a proper dermatological consultation. Oral corticosteroid use in children has been studied, but in the literature on adults, it has been asserted that prednisone administration is connected to About one-third of patients have a therapeutic response, one-third of whom are steroid-resistant, and the remaining one third have a response but are unable to maintain a healing reaction methylprednisolone high dosage pulse in both kids and adults. In severe hair loss situations, this strategy might be helpful.¹⁷⁻²⁸

Conclusion:

Alopecia areata Common autoimmune disorders have poor therapeutic choices, especially for young individuals. Certain systemic medications may be helpful for people with refractory disease, according to a growing body of data. The most effective recent treatments include simvastatin/ezetimibe, Topical bimatoprost, excimer laser therapy, and systemic JAK inhibitors (tofacitinib, ruxolitinib, and baricitinib). However, there are still few randomized controlled trials available. Safety information is crucial, especially for a medically benign ailment. On the other hand, for an illness that might have terrible psychosocial effects, efficacy data are essential. Recent developments raise the possibility of future, more successful treatments.

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