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# Year Book of Trichology



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# CONTENTS

## Section 1: Androgenetic Alopecia

*Section Editors: Sanjeev Gupta, Rohit Batra, Shweta Manchanda, Arushi Nanda*


**Chapter 1.1: Pathophysiology Updates in Androgenetic Alopecia** **3**

1. P02 Accelerated Ageing of Hair Follicles in Androgenetic Alopecia 3
2. A Meta-analysis Study on the Association between Smoking and Male Pattern Hair Loss 4
3. Thyroid Receptor β: A Promising Target for Developing Novel Anti-androgenetic Alopecia Drugs 5
4. The Proportion of Catagen and Telogen Hair Follicles in Occipital Scalp of Male Androgenetic Alopecia Patients: Challenging the Established Dogma 6
5. Exploring the Association between Alcohol Consumption and Androgenic Alopecia: A Systematic Review and Meta-analysis 7

**Chapter 1.2: Minoxidil: Dosing, Safety, and Efficacy** **10**

1. Hair Follicle Sulfotransferase Activity and Effectiveness of Oral Minoxidil in Androgenetic Alopecia 10
2. Oral Minoxidil versus Topical Minoxidil for Male Androgenetic Alopecia: A Randomized Clinical Trial 11
3. Evaluation of Pericardial Effusions in Alopecia Patients on Low-dose Oral Minoxidil Therapy 13
4. High-dose Oral Minoxidil for the Treatment of Androgenetic Alopecia 14

**Chapter 1.3: Finasteride (Topical and Oral) and Dual Therapies** **16**

1. Efficacy of the Association of Topical Minoxidil and Topical Finasteride Compared to Their Use in Monotherapy in Men with Androgenetic Alopecia: A Prospective, Randomized, Controlled, Assessor-blinded, 3-arm, Pilot Trial 16
2. Impact of Finasteride and Dutasteride in Beard Thickness in Men with Androgenetic Alopecia: A 453-patient Retrospective Trial 17
3. The Risk of Psychiatric Disorders in Finasteride Users with Benign Prostatic Hyperplasia and Androgenetic Alopecia: A Population-based Case-control Study 18
4. Dutasteride for the Treatment of Androgenetic Alopecia: An Updated Review 20

**Chapter 1.4: Platelet-rich Plasma, Growth Factor Concentrate, and Mesotherapy in Androgenetic Alopecia 22**

1. Platelet-rich Fibrin: A Review of its Role as a New Treatment in Androgenetic Alopecia 22
2. Meta-analysis of Efficacy of Platelet-rich Plasma Combined with Minoxidil for Androgenetic Alopecia 23
3. An Academic Dermatology Center's Structured Platelet-rich Plasma Approach to Patients with Androgenetic Alopecia 24
4. Effectiveness of Platelet-rich Plasma in the Treatment of Androgenic Alopecia: A Meta-analysis 25
5. The Role of Platelet-rich Plasma in Androgenetic Alopecia: A Systematic Review 27
6. Evaluation of the Safety and Efficacy of Concentrated Growth Factors for Hair Growth Promotion in Androgenetic Alopecia Patients: A Retrospective Single-centre, Single-arm Study 28
7. Revitalizing Hair Growth: A New Regimen Utilizing Growth Factor Concentrate for Hair Loss Treatment 29
8. Mesotherapy as a Promising Alternative to Minoxidil for Androgenetic Alopecia: A Systematic Review 30
9. Effectiveness of Minimally Invasive Injectable Modalities in the Management of Androgenetic Alopecia among Adults: A Systematic Review 31
10. Is Autologous Platelet-rich Plasma Capable of Increasing Hair Density in Patients with Androgenic Alopecia? A Systematic Review and Meta-analysis of Randomized Clinical Trials 32

**Chapter 1.5: Emerging Therapeutic Frontiers in Androgenetic Alopecia 35**

1. Progress of Clinical Research on Fractional Laser Treatment of Androgenetic Alopecia: A Review Article 35
2. A Systematic Review of Erbium Lasers in the Treatment of Androgenetic Alopecia 36
3. Novel Electrotrichogenic Device Promotes Hair Growth in Men with Androgenetic Alopecia: A Pilot Study 37
4. Assessment of the Efficacy and Tolerability of a Topical Formulation Containing Caffeine and Procapil 3% for Improvement of Male Pattern Hair Loss 38
5. Efficacy and Safety of Topical Pure Saw Palmetto (*Serenoa repens*) Extract Lotion in Androgenetic Alopecia 39
6. TH07 - A New Novel Topical Treatment for Androgenic Alopecia 40
7. Real-world Efficacy and Safety of Cuticapil Stem Hair Serum as an Add-on to Minoxidil in Androgenetic Alopecia: A Prospective Observational Study 42

**Chapter 1.6: Combination Approaches in Refractory Androgenetic Alopecia 44**

1. Effectiveness and Safety of the Combination Therapy of Micro-needling and Minoxidil in Androgenetic Alopecia of Indonesian Men: A Randomized Controlled Trial 44
2. Assessing the Efficacy and Quality of Life Improvements of Botulinum Toxin Type A with Topical Minoxidil versus Topical Minoxidil in Male Androgenetic Alopecia: A Randomized Controlled Trial 45

**Section 2: Female-pattern Hair Loss**

***Section Editors: Rohit Batra, Shweta Manchanda, Sanjeev Gupta***

**Chapter 2.1: Minoxidil in Female-pattern Hair Loss 49**

1. Low-dose Oral Minoxidil for Treatment of Female-pattern Hair Loss 49
2. Combination of Oral Minoxidil and Bicalutamide for Treatment of Female-pattern Hair Loss in Adolescents 50
3. Blood Pressure Changes in Patients after Minoxidil Microinfusion to Treat Female Pattern Alopecia: Analysis of a Randomized, Single-blinded, Placebo-controlled Clinical Trial 51
4. Continued Year-on-Year Improvement in Hair Density with Systemic Minoxidil in Women with Female-pattern Hair Loss: A Case Series 52

**Chapter 2.2: 5-alpha Reductase Inhibitors 54**

1. Relative Effect of Monotherapy with 5-alpha Reductase Inhibitors and Minoxidil for Female-pattern Hair Loss: A Network Meta-analysis Study 54
2. Analysis of Breast Health Outcomes in Women on Oral 5-alpha Reductase Inhibitors: A Single-center Retrospective Cohort Study 55

**Chapter 2.3: Comparative Evaluation of Therapies in Female-pattern Hair Loss 57**

1. The Comparative Effects of Monotherapy with Topical Minoxidil, Oral Finasteride, and Topical Finasteride in Postmenopausal Women with Pattern Hair Loss: A Retrospective Cohort Study 57
2. Clinical and Trichoscopic Evaluations of Topical Finasteride 1%, Topical Spironolactone 5%, and Minoxidil 5% in Female-pattern Hair Loss Treatment 58
3. Efficacy and Safety of Spironolactone versus Bicalutamide in Female-pattern Hair Loss: A Retrospective Comparative Study 59
4. Efficacy and Safety of Combined Topical Estradiol with Minoxidil versus Topical Minoxidil in Female-pattern Hair Loss: A Trichoscopic Randomized Controlled Trial 60
5. Bicalutamide 25 mg Combined with Minoxidil 1 mg versus Minoxidil 1 mg for Female-pattern Hair Loss: A Randomized Double-blind Clinical Trial 61

**Chapter 2.4: Platelet-rich Plasma in Female-pattern Hair Loss** **64**

1. A Prospective Self-controlled Clinical Trial of Nonactivated Low Leukocyte Platelet-rich Plasma in Female-pattern Hair Loss Patients of Childbearing Age 64
2. Effectiveness of Platelet-rich Plasma in Treating Female Hair Loss: A Systematic Review and Meta-analysis of Randomized Controlled Trials 65

**Section 3: Alopecia Areata**

***Section Editors: Sanjeev Gupta, Rohit Batra, Shweta Manchanda***

**Chapter 3.1: Comorbidities and Deficiencies Associated with Alopecia Areata** **69**

1. Vitamin D and Alopecia Areata: From Mechanism to Therapeutic Implications 69
2. Alopecia Areata and Cardiovascular Comorbidities: A Cross-sectional Analysis of the All of Us Research Program 70
3. Immune-mediated and Psychiatric Comorbidities among Patients Newly Diagnosed with Alopecia Areata 72

**Chapter 3.2: Janus Kinase Inhibitors in Alopecia Areata** **74**

***Tofacitinib*** ***74***

1. Safety and Efficacy of Tofacitinib in 97 Alopecia Areata Patients 74
2. JAAD Game Changers: Tofacitinib for the Treatment of Severe Alopecia Areata and Variants: A Study of 90 Patients 75
3. Efficacy and Safety of Tofacitinib in Patients with Total and Universal Alopecia: A Retrospective Evaluation of 69 Patients 76
4. Efficacy and Safety of Topical Tofacitinib for the Treatment of Alopecia Areata 77
5. Tofacitinib in Pediatric Alopecia Areata Totalis and Alopecia Universalis: A Retrospective Analysis from India 78

***Baricitinib*** ***80***

1. Long-term Efficacy and Safety of Baricitinib in Patients with Severe Alopecia Areata 104-week Result from BRAVE-AA1 and BRAVE-AA 80
2. The Fate of Nonscalp Hair in Alopecia Areata Universalis under Baricitinib Treatment: A Real-world Single-center Experience 81
3. Baricitinib Withdrawal and Retreatment in Patients with Severe Alopecia Areata: The BRAVE-AA1 Randomized Clinical Trial 82
4. Baricitinib Therapy for Moderate-to-severe Alopecia Areata: A Retrospective Review of 95 Japanese Patients 83
5. Comparative Efficacy and Safety of Baricitinib Against Traditional Therapies in Severe Alopecia Areata: A Retrospective Cohort Study 84
6. Understanding Eyebrow and Eyelash Involvement in Patients with Alopecia Areata and Responsiveness to Treatment with Baricitinib 86

***Ritlecitinib*** ***87***

1. Systematic Review and Indirect Treatment Comparisons of Ritlecitinib Against Baricitinib in Alopecia Areata 87
2. Sustained Hair Regrowth with Continued Ritlecitinib Treatment through Week 48 in Patients with Alopecia Areata with or without Early Target Responses: Post Hoc Analysis of the ALLEGRO Phase 2b/3 Trial 88
3. Patient-reported Satisfaction with Hair Regrowth in a Study of Ritlecitinib in Alopecia Areata: Results from ALLEGRO-2b/3 90
4. Patient-reported Hair Loss and Its Impacts as Measured by the Alopecia Areata Patient Priority Outcomes Instrument in Patients Treated with Ritlecitinib: The ALLEGRO Phase 2b/3 Randomized Clinical Trial 91

***Other Janus Kinase Inhibitors*** ***93***

1. Efficacy and Safety of Deuruxolitinib, an Oral Selective Janus Kinase Inhibitor, in Adults with Alopecia Areata: Results from the Phase 3 Randomized, Controlled Trial (THRIVE-AA1) 93
2. Clinical Response and Safety of Upadacitinib for Alopecia Areata: A Retrospective Study 94
3. Short-term Malignancy Risk of JAK Inhibitors in Severe Alopecia Areata: A Multicenter Cohort Study 95
4. Drug-induced Alopecia Areata from Upadacitinib 96

**Chapter 3.3: Pediatric Alopecia Areata: Diagnosis and Treatment Nuances 97**

1. Effectiveness and Tolerability of Ritlecitinib in Children with Alopecia Areata: A Case Series 97
2. Efficacy and Tolerability of Brevilin-A, a Natural JAK Inhibitor, in Pediatric Alopecia Areata: A Case Series 98
3. Systemic Tofacitinib in Pediatric Alopecia Areata 99

**Chapter 3.4: Evolving Therapeutic Options in Alopecia Areata 100**

1. The Role of Minoxidil in Treatment of Alopecia Areata: A Systematic Review and Meta-analysis 100
2. Alopecia Areata Treated Using $CO_2$ Fractional Laser with Different Parameters 101
3. Long-term Outcomes of Intravenous Corticosteroid Pulse Therapy for Rapidly Progressive Alopecia Areata: A Single-centre Retrospective Analysis of 106 Cases and Usefulness Evaluation of a Scoring System Originally Designed for Half-year Efficacy Prediction for Extended Periods 102
4. Intralesional Vitamin D3 versus Intralesional Triamcinolone Acetonide in Patchy Alopecia Areata: A Comparative Clinical and Dermoscopic Study 103
5. Microneedle Transdermal Delivery of Compound Betamethasone in Alopecia Areata—A Randomized Controlled Trial 104

6. 308 nm-excimer Light Together with Topical Betamethasone Valerate in Treating Alopecia Areata 105
7. Comparison of Efficacy and Safety of Tofacitinib and Azathioprine in Patients with Alopecia Areata and Variants: A Double-blind, Randomized Controlled Trial 106
8. Comparison of Efficacy of Autologous Platelet Rich Plasma Therapy with 5% Topical Minoxidil Spray in Treating Alopecia Areata: A Head-to-head Assessment of Novel Approaches 108
9. Efficacy and Safety of Long-term Azathioprine Therapy for Severe Alopecia Areata: A 10-year Cohort Study 109

**Section 4: Cicatricial Alopecia**

*Section Editors: Rohit Batra, Sanjeev Gupta, Arushi Nanda, Shweta Manchanda*

**Chapter 4.1: Lichen Planopilaris and Frontal Fibrosing Alopecia: Trends and Therapies 113**

1. Oral Naltrexone in the Treatment of Lichen Planopilaris and Frontal Fibrosing Alopecia 113
2. Prevalence and Treatment Patterns in Patients with Lichen Planopilaris 114

**Chapter 4.2: Central Centrifugal Cicatricial Alopecia 116**

1. Treatment for Central Centrifugal Cicatricial Alopecia-Delphi Consensus Recommendations 116
2. Lessons from a Scoping Review: Clinical Presentations of Central Centrifugal Cicatricial Alopecia 117

**Chapter 4.3: JAK Inhibitors in Scarring Alopecia 119**

1. A Review of Janus Kinase Inhibitor Use in Scarring Alopecia 119
2. A Phase 2a Trial of Brepocitinib for Cicatricial Alopecia 120

**Chapter 4.4: Novel Insights into Pathogenesis of Scarring Alopecia 122**

1. JAK-STAT1 as Therapeutic Target for EGFR Deficiency-associated Inflammation and Scarring Alopecia 122
2. Histologic Absence of Yeast as a Clue for Classic Lichen Planopilaris, Fibrosing Alopecia in a Pattern Distribution, and Frontal Fibrosing Alopecia: A Cross-sectional Observational Study 123
3. Frontal Fibrosing Alopecia: Is Sunscreen the Culprit? A Systematic Review 124

**Chapter 4.5: Imaging and Trichoscopy in Scarring Alopecias 126**

1. Trichoscopy of Central Centrifugal Cicatricial Alopecia: A Retrospective Study and Literature Review 126

**Chapter 4.6: Emerging Treatment Modalities for Scarring Alopecia 128**

1. Low-dose Metformin and Profibrotic Signature in Central Centrifugal Cicatricial Alopecia 128
2. Evaluating Anti-inflammatory Potential of Platelet-rich Plasma in Scarring Alopecia: A Systematic Review 129
3. Platelet-rich Plasma as a New and Successful Treatment for Lichen Planopilaris: A Controlled Blinded Randomized Clinical Trial 130

**Section 5: Telogen Effluvium and Diffuse Hair Loss**

***Section Editors: Rohit Batra, Shweta Manchanda, Sanjeev Gupta***

**Chapter 5.1: COVID-19 and Post-infection Hair Shedding 135**

1. Post-COVID Telogen Effluvium: The Diagnostic Value of Serum Ferritin Biomarker and the Preventive Value of Dietary Supplements. A Case Control Study 135
2. Relationship between Anemia and Telogen Effluvium in Post-COVID-19 Survivors 136
3. Impact of the COVID-19 Pandemic on Telogen Effluvium: A Nationwide Multicentre Interrupted Time Series Study 137
4. Global Epidemiology of Telogen Effluvium after the COVID-19 Pandemic: A Systematic Review and Modeling Study 138

**Chapter 5.2: Nutritional and Hormonal Associations 140**

1. Oral Supplementation with l-Cystine, *Serenoa repens, Cucurbita pepo*, and *Pygeum africanum* in Chronic Telogen Effluvium and Androgenetic Alopecia: A Double-blind, Placebo-controlled, Randomized Clinical Study 140
2. A Comprehensive Investigation of Biochemical Status in Patients with Telogen Effluvium: Analysis of Hb, Ferritin, Vitamin B12, Vitamin D, Thyroid Function Tests, Zinc, Copper, Biotin, and Selenium Levels 141
3. Retrospective Review of 2851 Female Patients with Telogen Effluvium: A Single-Centre Experience 143

**Chapter 5.3: Stress, Sleep, and Hair Loss: New Insights 145**

1. A Single-center Clinical Trial Evaluating Topical Propranolol for Preventing Stress-induced Hair Loss 145
2. Psychological Stress Induces Hair Regenerative Disorders through Corticotropin-releasing Hormone-mediated Autophagy Inhibition 146

**Chapter 5.4: New Horizons in Therapy** **148**

1. Red LED Light Therapy for Telogen Effluvium in the Course of Long COVID in Patients with and without Androgenetic Alopecia 148
2. Comparative Analysis of Various Hair Peptide Serums in Managing Telogen Effluvium in Females: Efficacy, Safety, and Patient Satisfaction 149
3. A Well-tolerated Hair Serum Containing New Natural Active Ingredients Reduced Hair Loss and Improved Quality of Life in Women with Chronic Telogen Effluvium: A 16-week Controlled Study 150
4. A Randomized, Placebo-controlled Clinical Study Evaluating a Dietary Supplement for Hair Growth 152

**Section 6: Pediatric Hair Disorders**

*Section Editors: Sanjeev Gupta, Shweta Manchanda, Rohit Batra*

**Chapter 6.1: Pediatric Trichotillomania** **157**

1. Psychiatric Comorbidities in Pediatric Trichotillomania: A Multicenter Cohort Study 157

**Chapter 6.2: Other Pediatric Hair Disorders** **159**

1. Clinical, Laboratory, and Trichoscopic Features of Pediatric Androgenetic Alopecia 159

**Section 7: Hair Transplant Surgery**

*Section Editors: Sanjeev Gupta, Rohit Batra, Shweta Manchanda*

**Chapter 7.1: Female Hair Transplants: Special Considerations** **163**

1. Clinical Features of Patients Treated with Hair Transplants in Female Pattern Hair Loss 163

**Chapter 7.2: Miscellaneous** **165**

1. The Condition of Hair Follicles Produced by Different Punching Methods during FUE Surgery 165
2. A Prospective and Comparative Study to Explore the Effects of Platelet-rich Plasma in Hair Transplantation for Patients with Androgenetic Alopecia 166
3. The Most Influential Publications Regarding Hair Transplantation: A Bibliometric Review 167
4. Recipient Site Necrosis after Follicular Unit Excision Technique for Hair Transplantation: Evaluation of 18 Patients 169

## Section 8: Cosmetic Trichology

*Section Editors: Arushi Nanda, Sanjeev Gupta, Rohit Batra, Shweta Manchanda*

**Chapter 8.1: Chemical Treatments and Hair Health** **173**

1. Dermatological Adverse Effects of Hair Dye Use: A Narrative Review 173

**Chapter 8.2: Haircare Myths and Evidence-based Practices** **175**

1. Penetration of Oils into Hair 175

**Chapter 8.3: Dermocosmetics and Scalp Serums** **177**

1. Safety and Efficacy of REGENDIL™ Infused Hair Growth Promoting Product in Adult Human Subject having Hair Fall Complaints (Alopecia) 177
2. Caffeine as Active Molecule in Cosmetic Products for Hair Loss: Its Mechanisms of Action in the Context of Hair Physiology and Pathology 178
3. A Well-tolerated Hair Serum Containing New Natural Active Ingredients Reduced Hair Loss and Improved Quality of Life in Women with Chronic Telogen Effluvium: A 16-week Controlled Study 179

## Section 9: Emerging Therapies and Innovations

*Section Editors: Rohit Batra, Shweta Manchanda, Sanjeev Gupta*

**Chapter 9.1: Stem Cell and Exosome-based Hair Regeneration** **183**

1. Mesenchymal Stem Cell Exosomes Enhance the Development of Hair Follicle to Ameliorate Androgenetic Alopecia 183
2. Improvement of Androgenic Alopecia by Extracellular Vesicles Secreted from Hyaluronic Acid-stimulated Induced Mesenchymal Stem Cells 184
3. Effectiveness of Exosome Treatment in Androgenetic Alopecia: Outcomes of a Prospective Study 186
4. The Efficacy of Adipose Stem Cell-derived Exosomes in Hair Regeneration Based on a Preclinical and Clinical Study 187
5. Examining the Uncertainties Surrounding Exosome Therapy in Androgenetic Alopecia: A Call for Evidence-based Practice 188

**Chapter 9.2: Low-level Light Therapy** **191**

1. Red and Green LED Light Therapy: A Comparative Study in Androgenetic Alopecia 191
2. Red LED Light Therapy for Telogen Effluvium in the Course of Long COVID in Patients with and without Androgenetic Alopecia 192
3. Blue Light Inhibits Cell Viability and Proliferation in Hair Follicle Stem Cells and Dermal Papilla Cells 193

**Chapter 9.3: Shock Waves, Ultrasound, and Energy Devices** **195**

1. Shock Waves for Hair Growth and Regeneration in Patients with Female Pattern Hair Loss 195
2. Photobiostimulation Therapy (PBST) and Pulsed Electromagnetic Field Therapy (PEMF) in Hair Loss Treatment: Multicentric, Retrospective, Case-control Study 196

**Chapter 9.4: Microbiome Modulation and Probiotic Approaches** **198**

1. Gut Microbiota, Skin Microbiota, and Alopecia Areata: A Mendelian Randomization Study 198
2. Efficacy of Probiotics in Hair Growth and Dandruff Control: A Systematic Review and Meta-analysis 199
3. Heat-treated *Limosilactobacillus fermentum* LM1020 with Menthol, Salicylic Acid, and Panthenol Promotes Hair Growth and Regulates Hair Scalp Microbiome Balance in Androgenetic Alopecia: A Double-blind, Randomized and Placebo-controlled Clinical Trial 200

**Chapter 9.5: Botanical and Alternative Interventions** **202**

1. Revitalizing Skin, Hair, Nails, and Muscles: Unlocking Beauty and Wellness with Vegan Collagen 202
2. Antioxidant Properties of *Platycladus orientalis* Flavonoids for Treating UV-induced Damage in Androgenetic Alopecia Hair 203

**Section 10: Psychotrichology**

***Section Editors: Sanjeev Gupta, Rohit Batra, Shweta Manchanda***

**Chapter 10.1: Hair Disorders and Mental Health** **207**

1. Psychosocial Impact of Alopecia Areata in Pediatric and Adolescent Populations: A Systematic Review 207
2. The Impact, Prevalence, and Association of Different Forms of Hair Loss Among Individuals with Anxiety Disorder: Systematic Review and Meta-analysis 208
3. Improvement in Measures of Quality of Life and Symptoms of Anxiety and Depression in Patients with Severe Alopecia Areata Achieving Sustained Scalp Hair Regrowth with Baricitinib 209

**Chapter 10.2: Trichotillomania: Pharmacologic and Behavioral Therapies** **212**

1. Exploring Pharmacological Treatment for Trichotillomania: Do We Need Better Education? 212
2. Trichotillomania Treatment Update 213

## Section 11: Case Reports and Clinical Pearls

*Section Editors: Rohit Batra, Shweta Manchanda, Sanjeev Gupta*

**Chapter 11.1: Rare Case Reports** **217**

1. Angiosarcoma of the Scalp Mimicking an Inflammatory Scarring Alopecia and Diagnosed on Horizontal Histologic Sections 217
2. Two Case Studies of Persistent White Hair Regrowth after Alopecia Areata Turning Pigmented Following Treatment 218

**Chapter 11.2: Trichology Challenges: What Would You Do?** **220**

1. Alopecia Universalis: Never Give Up? 220
2. Relapse of Alopecia Areata Responders after Tofacitinib Withdrawal: A Retrospective Study of 59 Patients 221

## Section 12: Guidelines, Consensus and Reviews

*Section Editors: Sanjeev Gupta, Rohit Batra, Shweta Manchanda*

**Chapter 12.1: Global Consensus Statements and Guidelines in 2024** **225**

1. European Expert Consensus Statement on the Systemic Treatment of Alopecia Areata 225
2. British Association of Dermatologists Living Guideline for Managing People with Alopecia Areata 2024 226
3. Low-dose Oral Minoxidil Initiation for Patients with Hair Loss: An International Modified Delphi Consensus Statement 227
4. II Consensus of the Brazilian Society of Dermatology for the Treatment of Alopecia Areata 229

**Chapter 12.2: Systemic Reviews and Meta-analyses Roundup** **231**

1. Association between Serum Trace Elements Level and Alopecia Areata: A Systematic Review and Meta-analysis 231
2. The Role of Minoxidil in Treatment of Alopecia Areata: A Systematic Review and Meta-analysis 232
3. Effects and Safety of Botulinum Toxin Injection in Treatment of Androgenetic Alopecia: A Meta-analysis and Systematic Review 233
4. Safety and Efficacy of Ritlecitinib for the Treatment of Patients with Alopecia Areata: A Systematic Review and Meta-analysis of Controlled Trials 234
5. Effectiveness of Platelet-rich Plasma in Treating Female Hair Loss: A Systematic Review and Meta-analysis of Randomized Controlled Trials 236

***Index*** **239**

CHAPTER

# 4.1 Lichen Planopilaris and Frontal Fibrosing Alopecia: Trends and Therapies

## 1. Oral Naltrexone in the Treatment of Lichen Planopilaris and Frontal Fibrosing Alopecia

*Perez SM, Nguyen B, Tosti A. Oral naltrexone in the treatment of lichen planopilaris and frontal fibrosing alopecia. Arch Dermatol Res. 2024;316(8):605.*


### *Abstract*

There is currently no cure for lichen planopilaris (LPP), and its clinical variant, frontal fibrosing alopecia (FFA), and treatment options remain limited. Naltrexone is an opioid receptor antagonist that exhibits anti-inflammatory and analgesic effects at low doses. We conducted a single-center retrospective chart review of adult patients, taking low-dose naltrexone (LDN) for scarring alopecia from January 2015 to April 2022. 95 records were identified, and FFA/fibrosing alopecia in a pattern distribution (FAPD) overlap. All patients were started on naltrexone 3 mg daily, in addition to their current treatment regimen which remained unchanged. 37.9% patients had decreased peripilar casts on trichoscopy and 20.7% reported decreased pruritus. Decreased thickness of peripilar casts was observed in 41.7% of LPP patients and 44.4% of FFA patients. Decreased pruritus was reported in 33.3% of LPP patients. Results suggest that LDN may decrease inflammation in a proportion of patients with LPP and its clinical variants. At low doses, naltrexone intermittently blocks opioid receptors and results in an increase in endogenous opioids that produce anti-inflammatory effects.


### COMMENT

This single-center, retrospective chart review evaluated the use of oral LDN 3 mg daily as adjunctive therapy in FFA and LPP. LDN, an opioid receptor antagonist, is known for its immunomodulatory and anti-inflammatory properties when administered in low doses (typically 1.5 mg to 4.5 mg daily). It is believed to reduce inflammation by modulating immune responses and decreasing proinflammatory cytokines, as well as by promoting endorphin release and modulating TLR-4 pathways. This investigation offers promising preliminary evidence that low-dose oral naltrexone may reduce cutaneous inflammation in patients with LPP and FFA, as shown by a statistically significant decrease in physician-assessed erythema and pruritus. There was significant decrease in peripilar casts on trichoscopy. The drug was generally well

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tolerated with minimal side effects. The study is limited by the retrospective design and use of concurrent treatments. Future-controlled studies are needed to better understand LDN's clinical efficacy in scarring alopecia. Although current evidence is limited, the article highlights LDN as a potentially effective, safe, and well-tolerated treatment for patients with LPP and FFA, particularly in cases resistant to conventional therapies. Further large-scale clinical trials are recommended to confirm its efficacy and safety.

## 2. Prevalence and Treatment Patterns in Patients with Lichen Planopilaris

*Pelet Del Toro N, Strunk A, Garg A, Han G. Prevalence and treatment patterns in patients with lichen planopilaris. JAMA Dermatol. 2024;160(8):865-8.*


### *Abstract*

**Importance:** Lichen planopilaris (LPP) is a form of scarring alopecia associated with progressive, permanent hair loss.

**Objective:** Its objective is to describe the prevalence and dermatologist-prescribed treatment patterns of LPP among US adults.

**Design, setting, and participants:** This cross-sectional study used the Explorys database. Data were analyzed from January 2023 to April 2023.

**Main outcomes and measures:** The main outcomes of the prevalence analysis were the crude and standardized prevalence estimates of US adults with LPP across age, sex, and racial groups.

**Results:** Among 1,466,832 eligible patients analyzed for prevalence, 241 patients had an LPP diagnosis {222 (92.1%) female; median [interquartile range (IQR)] age, 64 (54–73) years}. Standardized overall prevalence was 13.4 per 100,000 (95% CI 11.7–15.1). Most received at least 1 type of medication [635 (64.1%)].

**Conclusion and relevance:** This cross-sectional study reported prevalence and treatment patterns for US adults with LPP in a representative sample. Most patients with LPP received treatment, and many received multiple treatment types and switched treatments, suggesting further research into medication selection offers clinical benefit.


### COMMENT

This study provides valuable epidemiological insight into the prevalence and treatment patterns of LPP, a chronic scarring alopecia with significant psychological and cosmetic burden. The findings highlight the rarity of the condition, yet also point to increasing recognition and diagnosis, possibly due to heightened awareness among dermatologists and improved trichoscopic techniques. The study reports varied

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treatment approaches, reflecting the lack of standardized guidelines. Commonly used therapies include topical and intralesional corticosteroids, hydroxychloroquine, doxycycline, and immunosuppressants, often in combination. The diversity of treatment reflects the clinical variability of LPP and the absence of universally effective therapies. However, the study is limited by its retrospective nature, potential coding inaccuracies, and lack of data on treatment outcomes and patient adherence. Despite these limitations, the analysis offers an important snapshot of real-world management and reinforces the need for consensus guidelines and prospective studies to evaluate long-term treatment efficacy and safety in LPP.

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# Year Book of Trichology

***Salient Features***

- Comprehensive annual update in trichology of key recent studies on hair and scalp disorders from leading journals
- Structured learning format with a concise abstract followed by focused expert commentary of critical appraisal for quick assimilation highlighting methodology, strengths, limitations, and clinical implications
- Wide spectrum coverage encompassing alopecias (scarring and nonscarring), hair shaft disorders, scalp diseases, and emerging entities
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