Alopecia Areata: What’s New?
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Introduction: Alopecia areata is a disorder in which hair is lost in patches with no scarring of the affected area. It is a relatively common condition affecting 0.1-0.2% of the population. Although in many cases it represents a self-limiting condition, hair loss can affect the entire scalp or cause loss of all body hair, and can then have a severe emotional and social impact.

Objective: Therefore, there is a desperate need for large well conducted studies that evaluate long-term effects of therapies both on regrowth of hair and on quality of life.

Materials and Methods: In a recent metanalysis on interventions in alopecia areata, 17 trials were included with a total of 540 participants. Each trial included from 6 to 85 participants, and a range of interventions were assessed that included topical and oral corticosteroids, topical ciclosporin, photodynamic therapy and topical minoxidil. None of the interventions showed significant treatment benefit in terms of hair regrowth when compared with placebo. Few have been well evaluated in randomised controlled trials, i.e. there are no RCTs on the use of diphencyprone (DCP), intralesional corticosteroids, or dithranol although commonly used. Similarly, although topical steroids and minoxidil are widely prescribed and appear to be safe, there is no convincing evidence that they are beneficial in the long-term. Most trials have been reported poorly and are so small that any important clinical benefits are inconclusive.

Discussion: Nevertheless, from a pragmatic point of view, criteria for a treatment algorithm for alopecia areata should be: a higher remission rate than expected spontaneously, proven efficacy in half-side treatment of alopecia totalis/universalis, and no risk of drug toxicity. Based on this, a rational treatment approach to alopecia areata would be: intralesional triamcinolone acetonide for limited disease (< 30% surface area), intravenous methylprednisolone pulse therapy for acute widespread disease (within 6 months of disease onset), and topical immunotherapy with DCP for long-standing widespread disease.

Conclusion: With the expanding knowledge of the underlying genetics of alopecia areata, there is hope for the feasibility of more specific therapeutic interventions. Indeed, new therapeutic drugs evolving from genome-wide association studies are: CTLA4-Ig (abatacept), anti-IL15Rβ antibodies, JAK 3 (tofacitinib) and JAK 1/2 inhibitors (ruxolitinib).