

SHORT COMMUNICATION

Traction Alopecia in the Beard

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INTRODUCTION

Traction Alopecia (TA) is a type of hair loss that results from recurring pulling on hair follicles. Hairstyles such as dreadlocks and ponytails are believed to increase the risk of developing TA. Due to its potential to be misdiagnosed as frontal fibrosing alopecia (FFA), alopecia areata, or patchy central centrifugal cicatricial alopecia (CCCA), histopathology can help discriminate TA from these other diagnoses.¹ Early stages are distinguished by an elevated proportion of catagen and telogen hair follicles, whereas the later stages have a reduction in the terminal follicle count.² Without timely intervention, chronic TA could develop into scarring alopecia that may be unaffected by treatments. To avoid this irreversible course, it is crucial to focus on early prevention and therapeutic options. To date, most cases have been reported in the scalps of African American women.³ Here we present a unique case of TA to the frontal chin area of a Hasidic Jewish male.

CASE REPORT

A 27-year-old male with a history of eczema presented to our dermatology clinic for hair loss to the submental region of his beard (Figure 1). Hair loss first started one year ago

and has gradually progressed since onset. He admits to frequent hair pulling, twisting, and braiding his beard. Patient reports pruritus but denies any other localized symptoms. He denied any known allergies, systemic symptoms, or current medications. Physical examination revealed a large patch of hair loss at the submental and frontal chin area. There was evidence of scarring at the frontal chin. Patient was diagnosed with traction alopecia and advised to stop braiding his beard.



Figure 1. Traction alopecia in the beard.

Three months post clinic visit, patient has noticed significant improvement in pruritus.

He has ceased all twisting or pulling to the area. Although he reports minimal hair regrowth so far, there has been no further loss of hair to the chin area. No medications or other treatments were used. Patient will continue to minimize repetitive and extended tension to his hair.

DISCUSSION

TA is a type of hair loss that, if left untreated, can result in permanent scarring alopecia – another indication that early diagnosis is critical. Although most cases have been reported in African Americans, it is believed that hair care practices are the cause of TA rather than hair type. This case report supports this pathophysiological argument by presenting a Hasidic Jewish male with TA to his chin area. Prior literature has shown encouraging results of TA with Triamcinolone Acetonide, Gashee lotion (a topical botanical formulation), 2% topical minoxidil, and oral minoxidil with fluocinonide 0.05% topical solution.³⁻⁶ In light of these promising therapeutic options, a large randomized, double-blind, placebo-controlled study is warranted to further evaluate the efficacy of these case-by-case situations. Until there is additional data published regarding treatment options for TA, prevention and patient education remain the most important recourse.

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