

# Expert Outlines Diagnosis and Management of Hair Disorders in Diverse Populations

*There is a need for continued research and awareness in the diagnosis and management of alopecia in diverse populations.*

At the Skin of Color Update 2024 conference in New York City, researchers discussed diagnosis and management of hair disorders in patients with skin of color, focusing on scarring and non-scarring alopecia.

Susan C. Taylor, MD, FAAD, professor of dermatology at the University of Pennsylvania Perelman School of Medicine in Philadelphia introduced scarring and non-scarring alopecia in skin of color patients, focusing on central centrifugal cicatricial alopecia (CCCA). CCCA is described as starting in the central portion of the scalp and expanding centrifugally, which can result in scarring. Taylor noted that researchers at the University of Pennsylvania performed a scoping review which showed that 72% of CCCA cases have classic presentation and 28% have atypical distributions. Atypical variations can include frontal, temporal, parietal, or occipital involvement, with patchy involvement being the most common, at 8%, according to Taylor.

“Then the question becomes, what other limitations are associated with CCCA nomenclature? Well, of course, it can lead to misdiagnosis or delayed diagnosis. That's going to lead to inadequate or no treatment, and don't forget the psychosocial burden that patients with CCCA experience,” Taylor said.

Additionally, the review found that CCCA occurs most often in men and often goes unrecognized and underdiagnosed. Taylor noted that dermatoscopic features of CCCA include peripilar halo, honeycomb pattern, and white patches.

Taylor added that in a retrospective chart review of 53 patients, the results found that comorbidities among patients with CCCA included hyperlipidemia (66%), hypertension (70%), obesity (64%), type 2 diabetes (25%), allergic rhinitis (11%), anxiety (11%), vitamin D deficiency (9%), and malignancies (9%). Further results showed that CCCA patients may be at increased risk of cardiovascular disease and breast cancer—emphasizing the importance of a complete examination, including nails, mucous membranes, and other hair-bearing parts of the body.

Taylor introduced other types of hair loss and their variants, including lichen planopilaris (LPP), frontal fibrosing alopecia (FFA), and traction alopecia. LPP can present with partial hair loss, causing itching, burring and scarring. FFA typically presents along the anterior hairline and progressively spreads posteriorly. Differing from both types of hair disorders, traction alopecia occurs in the temporal or frontal hair margin and is associated with tension producing hairstyles. Taylor noted that high risk behaviors include frequent use of tight buns, ponytails, weaves, braids, and hair extensions, especially on relaxed hair.

“It's also very important that we ask our patients to modify their hair care practices. It's very difficult for our patients, particularly our patients that are African American, to say to completely stop some of their hair care styles and practices. What we want to do is with cultural humility, figure out how you can modify the style,” Taylor said.

However, Taylor noted that there is a need for continued research and awareness in the diagnosis and management of alopecia in diverse populations, emphasizing the importance of accurate diagnosis and prompt treatment.

## REFERENCES

Taylor S. Diagnosis and Management of Hair Disorders in Patients With Skin of Color, Scarring & Non-Scarring Alopecias in Patients With Skin of Color: Diagnostic Clues & Nuances in Clinical Presentation. Skin of Color Update 2024. Midtown, New York. Presented September 13, 2024. Accessed September 16, 2024.

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