

# Alopecia Areata: Causes, Symptoms, Diagnosis and Treatment Options

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## Introduction

Alopecia Areata is an autoimmune disorder that causes hair loss on the scalp and other parts of the body. It is estimated to affect around 2% of the global population, making it one of the most common autoimmune disorders worldwide. Although Alopecia Areata is not a life-threatening condition, it can have significant emotional and psychological effects on those who suffer from it [1].

## Description

In this article, we will discuss the causes, symptoms, diagnosis, and treatment options for Alopecia Areata.

### Causes of alopecia areata

The exact cause of Alopecia Areata is unknown, but it is believed to be an autoimmune disorder. Autoimmune disorders occur when the body's immune system mistakenly attacks healthy cells and tissues, in this case, hair follicles.

The immune system attacks the hair follicles, causing them to become smaller and weaker, which leads to hair loss. It is still unclear why the immune system targets the hair follicles, but some studies suggest that genetics, environmental factors, and viruses may play a role.

### Symptoms of alopecia areata

The most common symptom of Alopecia Areata is patchy hair loss on the scalp. The hair loss can occur in small, round patches, or it can be more extensive and involve the entire scalp. In some cases, hair loss can also occur on other parts of the body, such as the eyebrows, eyelashes, beard, and other areas with hair.

Hair loss is usually not accompanied by any pain or other physical symptoms, but it can have a significant impact on a person's self-esteem and quality of life. In some cases, hair may regrow on its own, but in others, hair loss may be permanent [2].

### Diagnosis of alopecia areata

Diagnosing Alopecia Areata is usually straightforward and can be done by a dermatologist or a hair specialist. The doctor will examine the affected area and may perform a skin biopsy to confirm the diagnosis.

In some cases, blood tests may be done to rule out other autoimmune disorders or infections that could cause hair loss. The doctor may also ask

about the patient's family history of autoimmune disorders or other medical conditions [3].

### Treatment options for alopecia areata

There is no cure for Alopecia Areata, but there are several treatment options available that can help to reduce the severity of hair loss and encourage hair regrowth. The choice of treatment will depend on the extent and severity of hair loss, as well as the patient's age, overall health, and personal preferences [4,5].

**Corticosteroids:** Corticosteroids are a type of medication that can be injected directly into the affected area to reduce inflammation and promote hair regrowth. This treatment is most effective for small areas of hair loss and can be repeated every four to six weeks as needed.

**Topical corticosteroids:** Topical corticosteroids are creams or ointments that can be applied directly to the affected area to reduce inflammation and promote hair regrowth. This treatment is most effective for mild cases of Alopecia Areata and can be used in combination with other treatments.

**Anthralin:** Anthralin is a medication that is applied directly to the scalp to stimulate hair regrowth. It is usually applied for short periods and washed off afterward.

**Minoxidil:** Minoxidil is a topical medication that is applied directly to the scalp to stimulate hair regrowth. It is most effective for small areas of hair loss and is usually applied twice a day for several months.

**Immunotherapy:** Immunotherapy involves applying a chemical to the affected area to cause an allergic reaction. This reaction causes inflammation, which can stimulate hair regrowth. This treatment is most effective for small areas of hair loss and may require multiple sessions.

## Conclusion

Ultimately, alopecia is a very difficult illness for both sufferers and doctors. The result and quality of life must be improved via the use of a multidisciplinary team. Certain kinds of alopecia and ATD may be suggested by the same autoimmune background. Furthermore, to support each person's choice of research and surveillance, we require particular protocols with a dual viewpoint (dermatologic and hormonal).

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## Conflict of Interest

No conflict of interest.

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