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Trichoscopic Hair Loss on the Eyebrow

Mitsuhito Ota*

Department of Dermatology, Chitose City Hospital, Hokkou 2, Chitose 066-8550, Japan

Introduction

Eyebrow loss can be brought on by trauma, infections, autoimmune diseases, cancer, hereditary disorders and a variety of dermatoses. Five examples of eyebrow loss were provided by the authors to highlight the differences between two clinically perplexing entities.

Description

Hair loss on the eyebrows is frequently caused by trichotillomania and alopecia areata (AA and TTM, respectively). Patients with AA in the current research had black spots, anisotrichosis, empty follicular holes and yellow dots. In the TTM patients, split hairs, question mark hairs, broken hairs, flame hairs, black spots, hairs of various lengths and hemorrhagic patches were seen. Trichoscopy is a very helpful and practical technique for detecting the difference between AA and TTM on the brows [1].

There are no techniques available to assess eyebrow involvement in alopecia areata patients. As a quantitative assessment of eyebrow alopecia areata, we created the Brigham Eyebrow Tool for Alopecia (BETA) and evaluated its validity. BETA is computed using surface area and density and incorporates facial markers of brow anatomy. Six board-certified dermatologists from three academic medical facilities were given 50 photos of eyebrows with various degrees of hair loss along with standardised instructions and illustrations. Utilizing intraclass correlation coefficients, interrater and intrarater reliability were computed (ICCs). BETA showed strong inter- and intrarater reliability (ICC = 0.88, confidence interval = 0.83-0.92 for the right eyebrow score and ICC = 0.90, confidence interval = 0.85-0.94 for the left eyebrow score and ICC = 0.91, confidence interval = 0.87-0.94 for the left eyebrow score). BETA showed sensitivity to change when evaluated in the same subject with various rates of hair loss over time. The BETA test is a quick and accurate objective evaluation of eyebrow alopecia areata. BETA is practical for a range of clinical and research contexts since it is simple to use and rapid to compute. Although BETA was created for alopecia areata, we expect that it will be studied in various etiologies of eyebrow alopecia in order to act as a universal tool for tracking the development of the condition, its improvement and its response to therapy [2-4].

Extreme Alopecia areata only affects scalp hair and other sites of body hair, including eyebrows, once both scalp hair and eyebrows have fully recovered. Our goal was to find out how crucial eyebrows are to alopecia areata patients' treatment plans. Subjects were asked to rate their satisfaction with the amount of treatment response that was graphically portrayed via an online questionnaire and manipulated photos showing different levels of eyebrow and scalp hair growth. 1,741 adults completed the questionnaire. Or 25% of people were satisfied with eyebrow development that was absent or only partially present. Images showing full eyebrows or full scalp hair satisfied more than 50% of the participants. Entire brows and no scalp hair (69%) were preferred by participants to complete brows and some scalp hair (51%). The satisfaction rate is 90.4%. The survey's online format, the absence of a control group and the participants' self-reported severity of alopecia areata are its drawbacks. These findings imply that eyebrows can be just as significant for patients evaluating theoretic responses to alopecia areata therapy as scalp hair. Future clinical research should compare the growth of eyebrows to the growth of scalp hair as an end measure.

The degree of pleasure did not rise linearly with images of scalp hair, eyebrow, or general hair growth. Levels of severe pleasure were particularly low for images showing full scalp hair growth together with either no (32.8%) or partial (36.8%) brow development. Similar to full eyebrow regrowth combined with absent scalp hair growth (36.4%), levels of extreme satisfaction regarding indicated levels of treatment response were low for complete scalp hair regrowth combined with absence eyebrow regrowth (32.8%). Extreme satisfaction levels only reached 90.4% with the entire regrowth of the scalp and eyebrow hair. Contrary to expectations, considerably more participants rated extreme happiness and satisfaction with theoretical treatment response in photographs with whole eyebrows than in images with partial eyebrows, even though the latter image showed greater hair growth overall. These results support the idea that therapies may not be helpful to patients if they fall short of a certain threshold of response (all or nothing) [5].

Conclusion

The pili torti, asymmetric hyperpigmented fusiform widening, pale erythematous structureless regions and branching arteries are the dermoscopic cutaneous symptoms of the macroscopic hair alterations caused by EFGRI therapy.

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***Address for Correspondence:** Mitsuhito Ota, Department of Dermatology, Chitose City Hospital, Hokkou 2, Chitose 066-8550, Japan; E-mail: tv_cartee@pennstatehealth.psu.edu*

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