

Editorial on Primary Cicatricial Alopecias (PCA) in Female Patients

Walter Unger *

Department of Pathology, University of Michigan Medical Center, Ann Arbor, USA

Editorial

According to the North American hair research society's categorization, Primary Cicatricial Alopecias (PCA) is split into four types based on the presence of an inflammatory infiltrate: PCAs characterized by lymphocytic, neutrophilic, mixed, or nonspecific cell inflammation. Hair loss can start sub clinically and develop slowly, making it difficult to pinpoint the exact origin of the condition.

The diagnosis is frequently postponed. In the acute illness stage, most varieties of cicatricial alopecia may be readily recognised based on clinical presentation; however, diagnosis in the subacute, early, or late disease phases might be difficult. A complete patient history and a dermatological examination of the body, including trichoscopy, should be undertaken at the time of initial presentation.

A biopsy should be conducted in circumstances when the diagnosis is ambiguous. There is minimal information on the efficacy of the different therapy due to the rarity of primary cicatricial alopecia. The treatment's goals are to stop or at least slow down hair loss and scarring, as well as to minimise clinical inflammatory markers and alleviate subjective discomfort.

Hair regrowth in damaged regions should be expected but not expected. In most cases of primary cicatricial alopecia, anti-inflammatory therapy with topical corticosteroids of class III to IV and/or intracutaneous intralesional triamcinolone acetonide injections might be explored.

Antimicrobial, antibiotic, or immunomodulating/immunosuppressive drugs are among the systemic therapies available, depending on the kind of predominant inflammatory infiltration. Patients should be provided psychological assistance as well as concealing measures. Cicatricial Alopecias (CAs) are clinical pathological diseases in which hair follicles are completely destroyed and replaced by fibrotic structures. Clinically, they are characterized by a variety of inflammatory diseases that culminate in the full loss of the hair follicle

and follicular ostia in the end stage. Primary Cicatricial Alopecia (PCA) and Secondary Cicatricial Alopecia (SCA) are two types of CAs (SCA).

PCA is a term used to describe a group of inflammatory illnesses with specific clinical and histopathologic characteristics that predominantly attack and damage the hair follicle. Diseases classed as SCA, on the other hand, include inflammatory and neoplastic illnesses, as well as physical injuries that predominantly impact the dermis and cause subsequent follicular damage.

When conducted in the right clinical situation, surgical treatment of cicatricial alopecia can produce excellent outcomes. We suggest two new classifications of cicatricial alopecia: "unstable" and "stable," to help choose the most appropriate remedial treatment. Unstable cicatricial alopecia is sporadic and can lead to scarring hair loss in new or old places. Stable cicatricial alopecia, on the other hand, refers to scarring that is fixed and permanent.

While surgical excision is preferable to hair transplantation in both types of cicatricial alopecia, this preference is especially stronger in situations of unstable cicatricial alopecia since it is intermittent and progressive. To get excellent long-term outcomes, regardless of whatever corrective approach is employed, an investigation of particular physical patient features, as well as a vigilant eye on the probable growth of male pattern baldness or female pattern hair loss, is required. We also go through how to recognize these physical characteristics, as well as how to undertake hair transplantation and surgical excision to get the best aesthetic results and avoid postoperative problems.

How to cite this article: Unger Walter. "Editorial on Primary Cicatricial Alopecias (PCA) in Female Patients." *J Genet DNA Res* 6 (2022) : 117

***Address to Correspondence:** Walter Unger, Department of Pathology, University of Michigan Medical Center, Ann Arbor, USA, E-mail: walter@gmail.com

Copyright: © 2022 Unger W. This is an open-access article distributed under the terms of the creative commons attribution license which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

Received: 03 January, 2022, Manuscript No. JGDR-22-59091; **Editor assigned:** 05 January, 2022, Pre QC No. JGDR-22-59091 (PQ); **Reviewed:** 19 January, 2022, QC No. JGDR-22-59091; **Revised:** 07 March, 2022, Manuscript No. JGDR-22-59091 (R); **Published:** 15-March-2022, DOI: 10.37421/2684-6039.2022.6.117