

 #WCD2019

# AEDV

## HIGHLIGHTS

24<sup>th</sup> World Congress of Dermatology (WCD)

10-15  
JUNIO  
2019

*Milán*



Patrocina:

janssen  Immunology  
PHARMACEUTICAL COMPANIES OF 

Organiza:



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Milán



# Onicology and trichology

Friday 13rd June 2019

**Dr. David Saceda Corralo**

*Hospital Universitario Ramón y Cajal (Madrid)*

Patrocina:



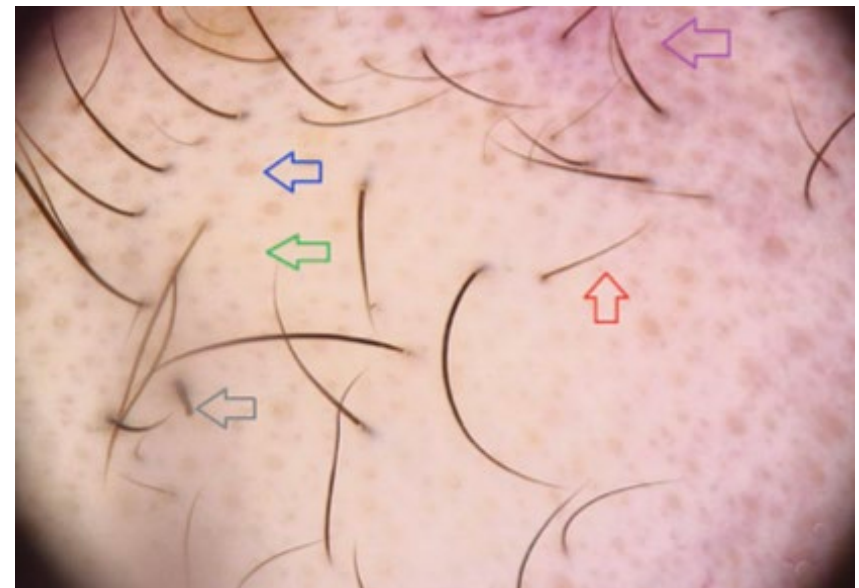
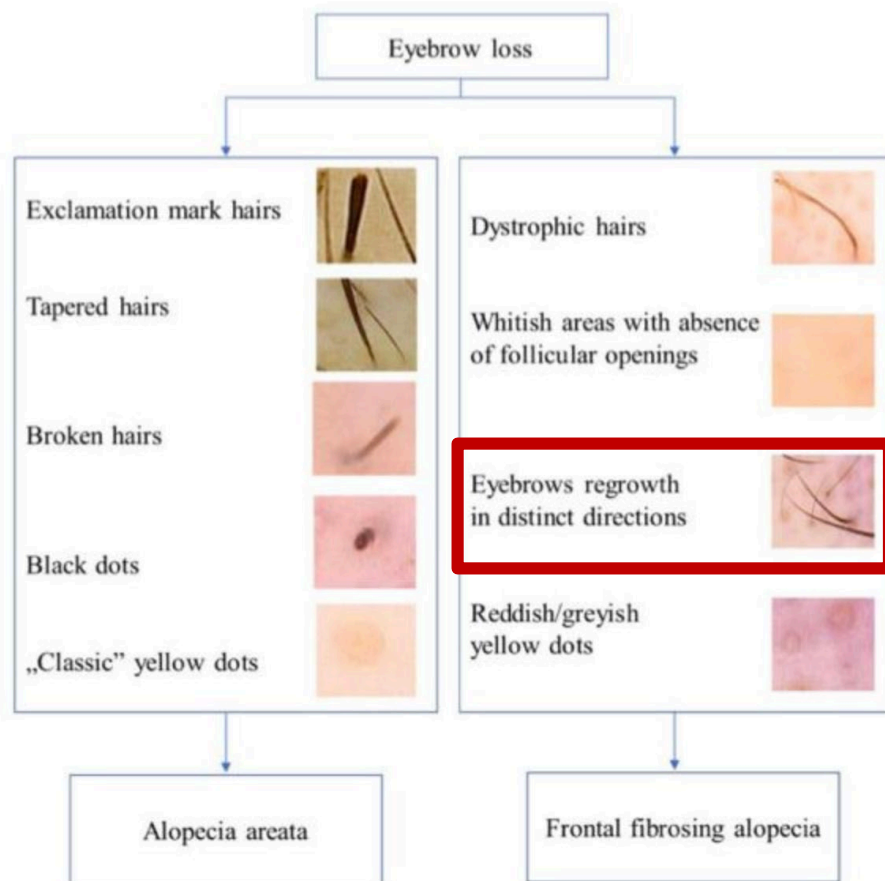
Organiza:



# Trichoscopy

Antonella Tosti / Shigeki Inui / Lidia Rudnicka

## Dermoscopy in diagnosing eyebrow loss in patients alopecia areata and frontal fibrosing alopecia



# Trichoscopy

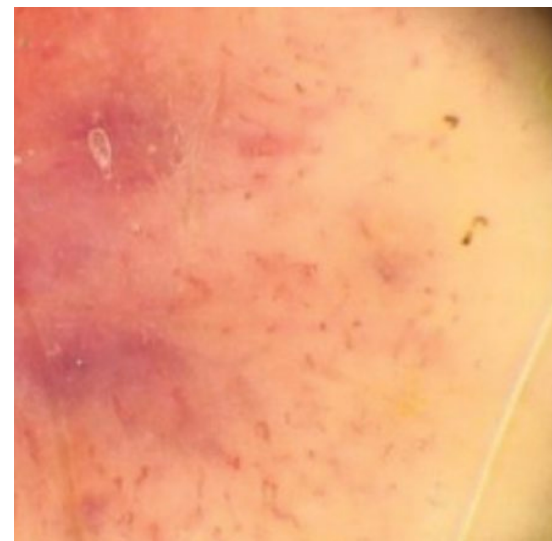
Antonella Tosti / Shigeki Inui / Lidia Rudnicka

## Trichoscopy of Scalp Metastases

- Clinically: Well-demarcated alopecic plaques of the scalp

### Trichoscopy:

- **Diffuse erythema**
- Small erosions
- Peripheral black dots
- **Atypical vascular pattern:** dilated, serpentine, and polymorphic vessels



## Communications of androgenic alopecia

### Minoxidil 1 mg orally versus minoxidil 5% solution topically for treatment of female pattern hair loss: a randomized controlled trial (R Sinclair et al)

- A 24-week, prospective, randomized, open, parallel, comparative, evaluator-blinded study
- 52 women (18-65 years old) with FPHL: once daily minoxidil 1 mg orally or once a day minoxidil 5% solution applied topically.
- Results:
  - **Improvement in hair density** in the target area ( $p < 0.01$ ), but with **no difference between groups**: oral 13.3% and topical 7.4% ( $p = 0.81$ ).
  - No difference in the assessment of overall photographic improvement ( $p = 0.16$ )
  - **Reduction in the hair shedding score was more pronounced in the oral group** ( $p < 0.01$ ).
- Side effects:
  - **Hypertrichosis was more prevalent in the oral group** (27%) than in the topic (4%).
  - Heart rate (HR) increased 10% in the oral group ( $p < 0.01$ ), but not in the topic.
  - There was no difference in mean arterial pressure between the groups ( $p = 0.51$ ).
- Conclusions: **Oral 1mg minoxidil was safe and well tolerated. Its efficacy did not differ from topical 5% minoxidil solution.**

## Communications of androgenic alopecia

### The effect of daily aspirin use on topical minoxidil treatment for pattern hair loss (Andy Goren)

- In human liver, **sulfotransferase is significantly inhibited by salicylic acid.**
- Objective: to determine if prolonged aspirin use effects sulfotransferase activity in hair follicles.
- Results:
  - 55% had a significant reduction ( $p < 0.0001$ ) in follicular sulfotransferase enzymatic activity,
  - The sulfotransferase activity assay initially predicted that 11 (50%) of the 22 subjects may respond to topical minoxidil. However, **following 14 days of aspirin administration only 6 (27%) subjects were predicted to respond to topical minoxidil.**

### Up-regulation of follicular sulfotransferase activity via a novel pathway may increases minoxidil response among androgenetic alopecia patients (Andy Goren)

- Subjects were provided with the novel topical formula (a shampoo) using it daily
- After 7 days of using the topical formula, plucked hair samples were collected and analyzed using the sulfotransferase activity assay.
- Results: Of the subjects that completed the study, **approximately 60% demonstrated up- regulation of sulfotransferase enzymatic activity.**



## Communications of androgenic alopecia

### Comparison of dutasteride versus finasteride in hair regrowth and reversal of miniturization in men with androgenetic alopecia – a randomized controlled study (R Sinclair et al)

- 108 men between 18 to 40 years of age were randomized to receive 0.5 mg dutasteride or 1 mg finasteride daily for 24 weeks.
- Results:
  - Dutasteride showed a significantly greater increase **in the total and thick hair count** (new growth), **decrease in the thin hair count** (reversal of miniaturization)
  - Both the groups showed similar side effect profile with sexual dysfunction being the most common and reversible side effect.
- Conclusions: **Dutasteride was shown to be more efficacious than finasteride, with a comparable side effect profile.**

### Caucasian male hair ageing: comparison with androgenetic alopecia (U. Blume-peytavi)

- In the non-alopecic groups: a decrease in hair density (especially thin hair (<40µm)), thickness, regrowth and cross-sectional area, a low impact on QoL, an increase of white hair density, no significant difference for anagen to telogen ratio (A/T).
- Conclusion: **Ageing is characterized by a maintenance of homogeneous but reduced hair density over the scalp, a greying phenomenon and slower regrowth**



## Communications of Frontal Fibrosing Alopecia

### Association of frontal fibrosing alopecia and contact allergens in everyday skin care products (Sonia Ocampo et al)

- 18 patients with FFA and 18 age and sex-matched controls were patch tested (NA standard, cosmetic, and photopatch series).
- 83.3% (15/18) of FFA cases revealed positivity to at least one contact allergen,
- 61.1% (11/18) were positive to more than one.
- The 2 most common positive allergens: iodopropynyl butylcarbamate and propolis.
- Conclusions: **FFA patients had a greater prevalence of allergic contact positive reactions**

### Sunscreen and facial skin care products in frontal fibrosing alopecia: a case control study (R Sinclair et al)

- 130 subjects with FFA and 130 control subjects.
- Use of sunscreen in the FFA group was over x2 that of the controls ( $P < 0.0001$ ).
- No statistical difference between the use of moisturisers
- Cosmetics: more common by FFA (33%) than FPHL (16%) ( $P = 0.002$ )
- Conclusions: **The high frequency of sunscreen use among women with FFA supports the hypothesis that sunscreen use on the forehead may be involved in the aetiology of FFA.**





## Communications of other alopecias

### Retrospective analysis of the 23 folliculitis decalvans patients: a single center experience (EB Baskan et al)

- 23 patients (17 male and 6 female) // Age of onset from 12-66 years)
- Duration of the disease: 4-10 years
- 4/13 patients: complete remission with systemic isotretinoin therapy
- **9/13 patients did not respond the therapy: 3 isotretinoin, 6 antibiotics**
- **CONCLUSION: In our experience systemic isotretinoin therapy seems to safe and effective.**

### Fibrosing alopecia in a pattern distribution: a case series (A Tosti et al)

- 8 women and 2 men ranging from 45 to 75 years
- Hair thinning involving the central scalp and **mild scalp itching**
- Trichoscopy: peripilar casts and hair tufting
- Key message: **FAPD exhibits a favorable prognosis as compared to lichen planopilaris.**



## Communications of other alopecias

### Prophylactic treatment with an alpha-1 agonist protects breast cancer patients from the development of chemotherapy induced alopecia (A Goren)

- ¿Scalp-cooling induces scalp vasoconstriction?
- A open labeled controlled study was conducted to assess the safety and effectiveness of the alpha-1 agonist in protecting breast cancer patients treated with taxanes from the development of chemotherapy induced alopecia.
- Results: 10 patients were included in the study.
  - 4 (40%) did not experience significant hair loss according to the CTCAE v.4.0
  - No adverse events were reported during the study.
- Conclusion: **Positive reduction in alopecia undergoing chemotherapy suggests that reducing scalp perfusion with an alpha-1 agonist may be a beneficial prophylactic.**

### The use and cost of alternative treatments for cicatricial alopecias (M Senna et al)

- Multivitamins (40.3%), herbal supplements (32.8%), paleo diets (13.4%) and acupuncture (11.9%).
- 48.2% → \$1,000 - \$5,000 /year
- 25% → \$500 - \$1,000 /year
- **42% of patients were willing to spend more than \$10,000 on a cure for their hair loss.**

