



Canadian Alopecia Areata Foundation

Predictable for an unpredictable disease.

Alopecia Areata

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July 20, 2024



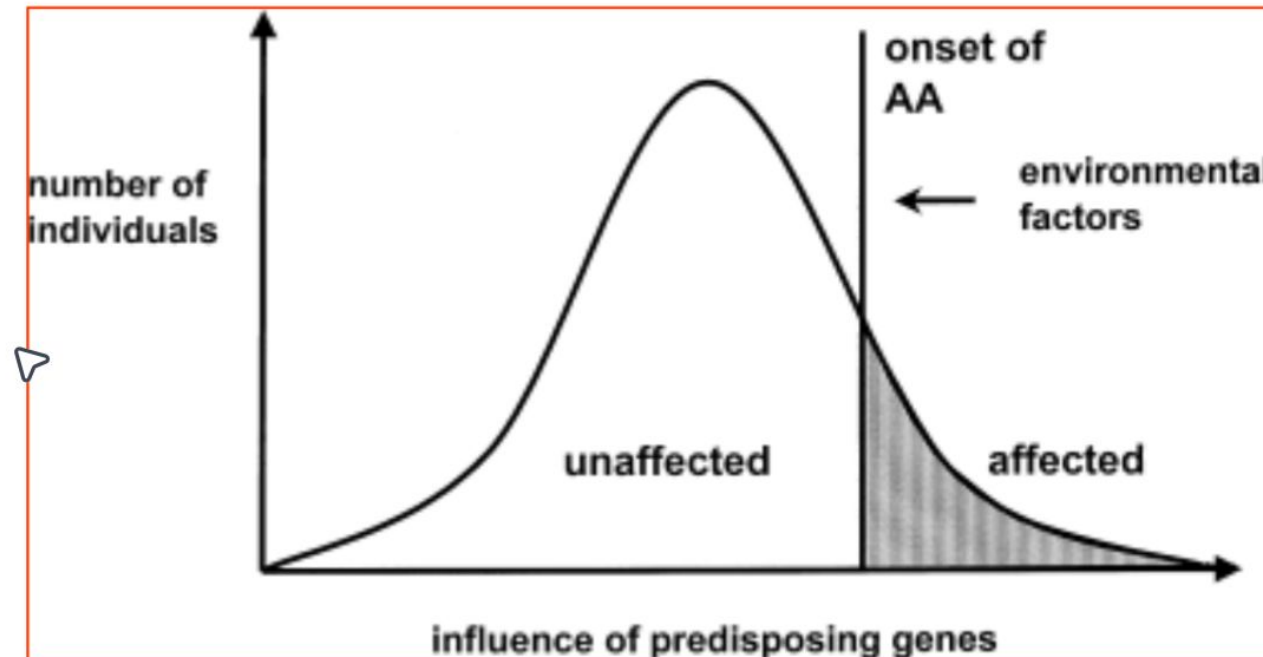
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Alopecia areata

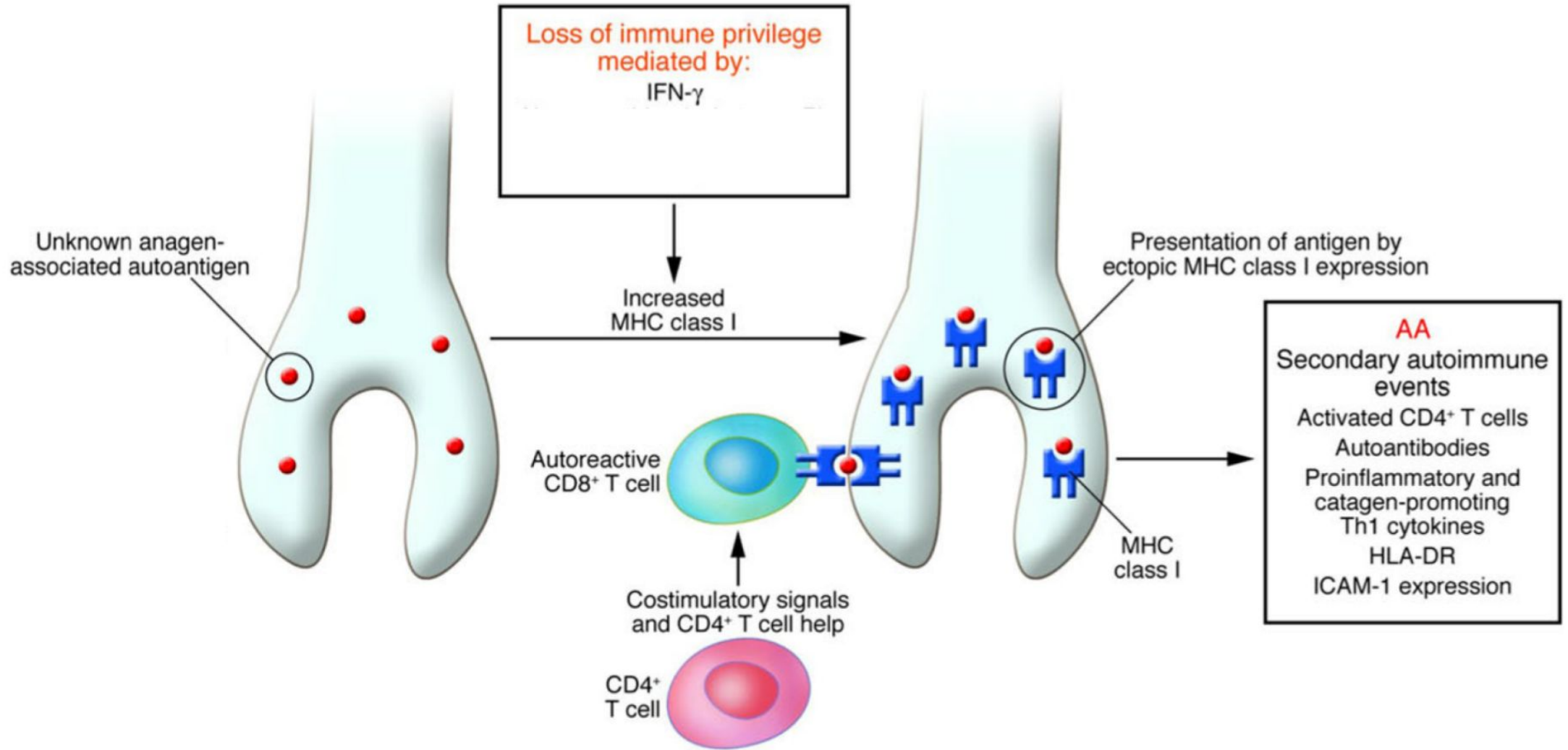
Autoimmune disease, driven by cytotoxic T lymphocytes directed against the hair follicles, causing nonscarring hair loss

- worldwide lifetime incidence of around 2%
- M = F
- can occur at any age
- median age at diagnosis is 33 years

influenced by genetic predisposition and environmental factors

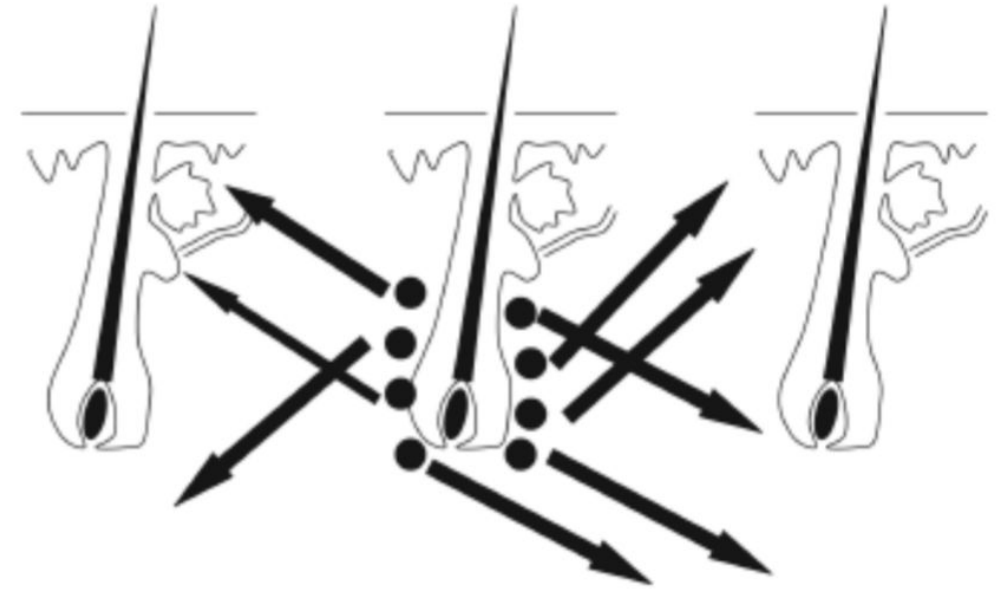


Pathogenesis



Why the patches have a round shape?

Diffusion of autoreactive T-lymphocytes



(b)



Diffusion of interferon and cytokines

Patchy AA 84.4%⁶



AT 4.4%⁶



Ophiasis 2.7%⁶



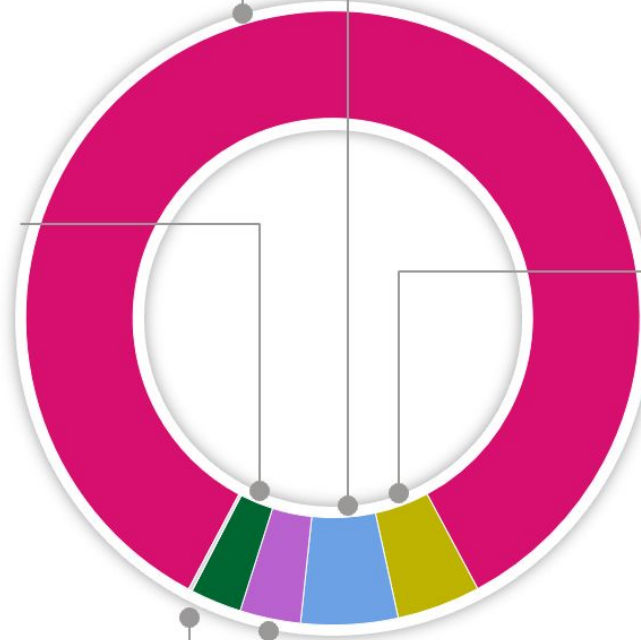
AU 5.1%⁶



Sisaipho 0.2%⁶



AA incognita 3.2%⁶



Alopecia areata of the beard



Alopecia areata of the eyelids



Nail abnormalities in AA

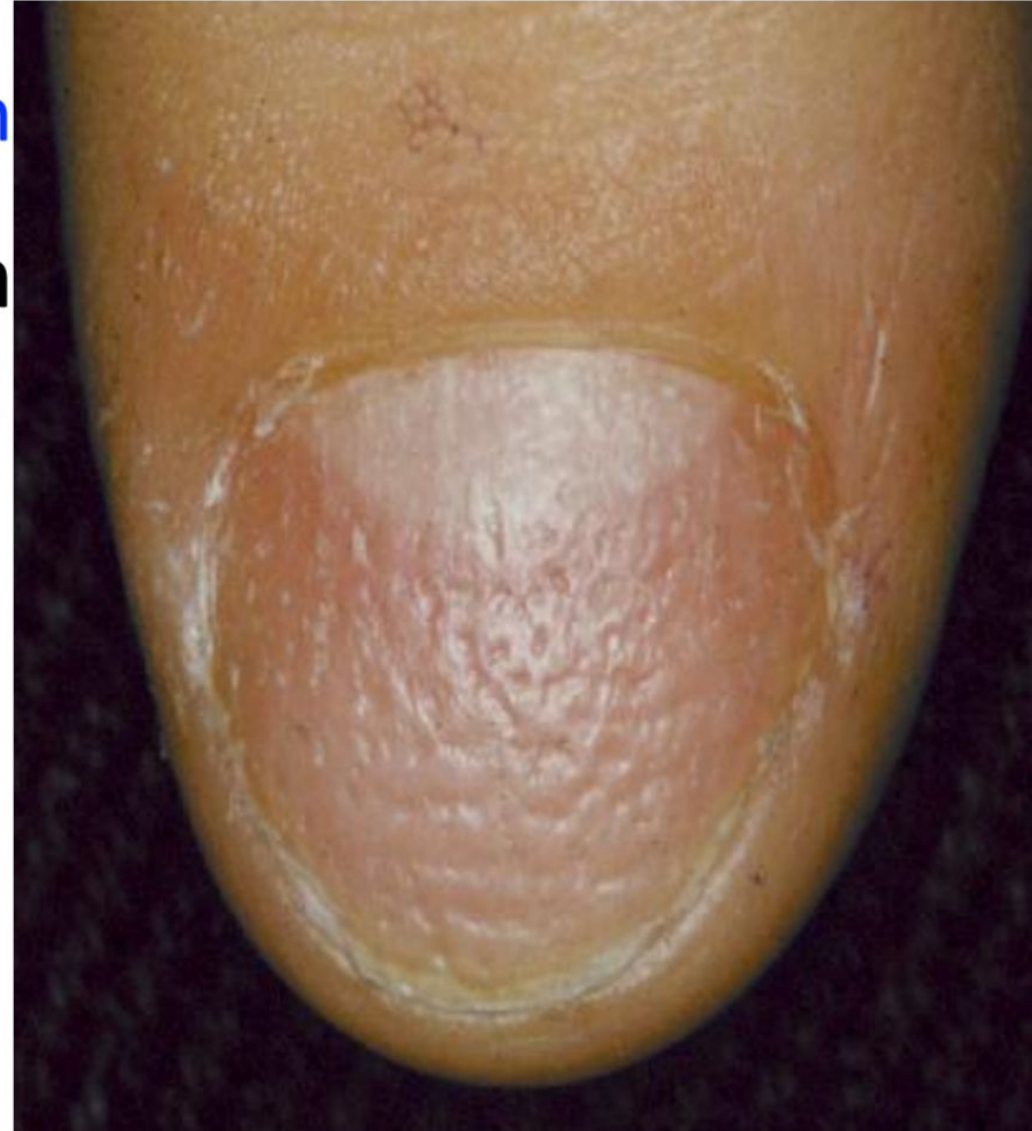
19% of adults

46% of children

- May precede or follow the diagnosis
- More common in pts with AT, AU

Pitting

- small
- superficial
- geometrical



Associated diseases

- Atopy (40% of pts) – Patients with atopy have increased risk of AA development
- Thyroid autoimmune diseases (30% of pts)
- Vitiligo
- Psoriasis
- Celiac disease



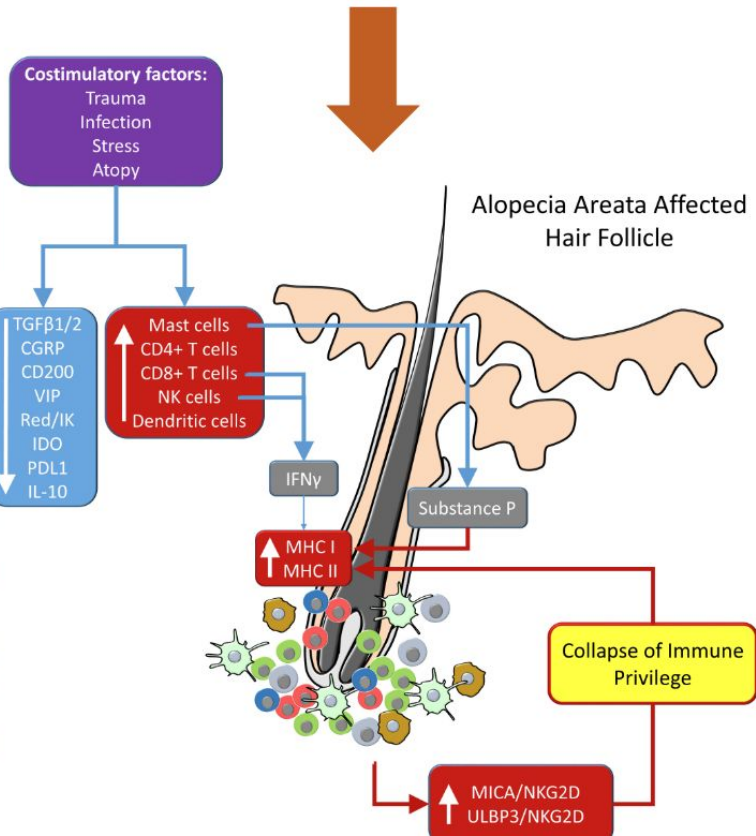
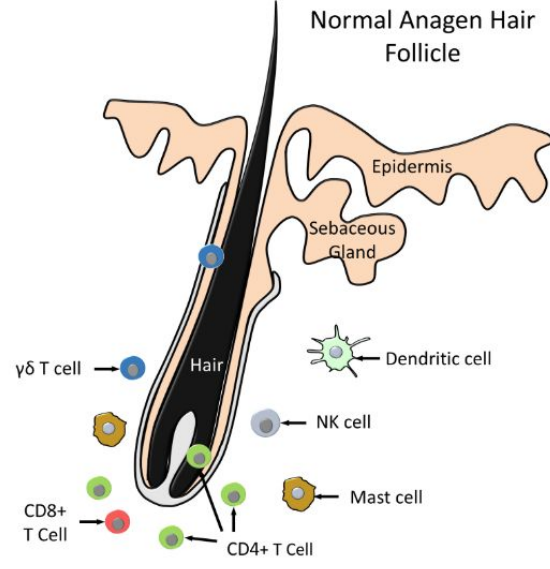
Prognosis

- 34%–50% of patients with mild forms recover within 1 year
- several incidents of hair loss and subsequent regrowth may occur throughout life
- 5% of patients will progress to AT or AU
- AT/AU have a 40% possibility to regrow hair

Negative prognostic factors

- family history of AA
- young age at onset
- hair loss > 50%, AT, AU
- history of atopy
- associated autoimmune diseases

Research in Alopecia Areata



Thank You !