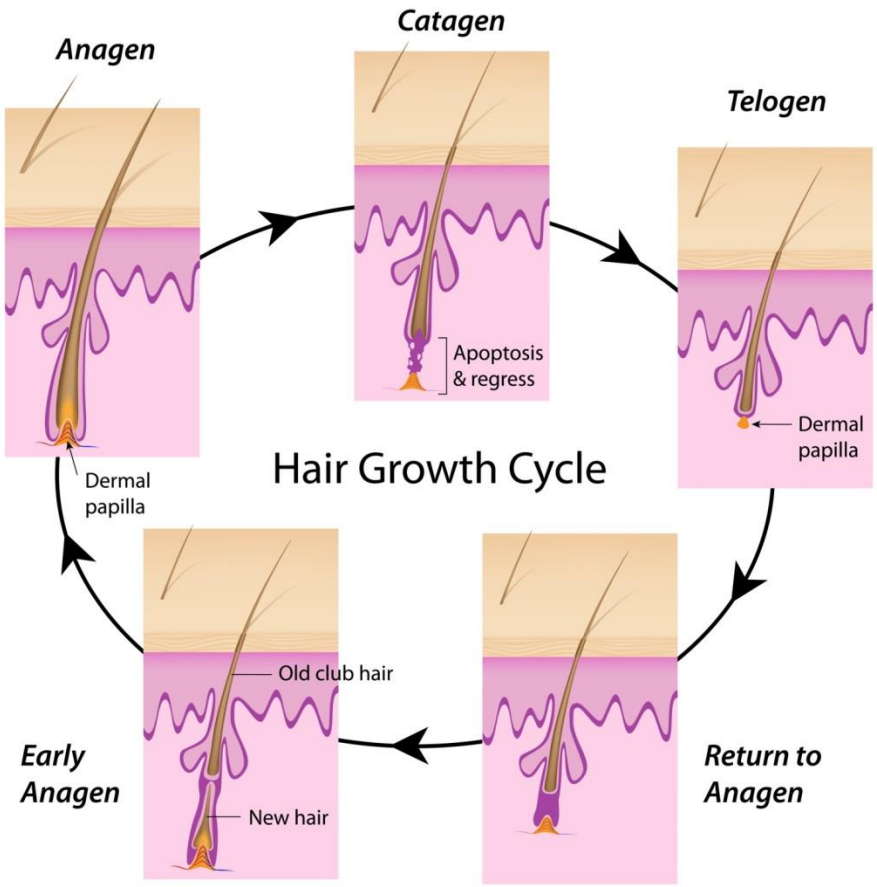
Alopecia Areata

Petra Dikrama, Dermatoloog

Haarfeiten

- haarverlies: 50-100 haren per dag
- geboorte: 100.000 haren (behaarde) hoofdhuid
- aantal neemt af
- 20-30 jaar: 615 haarfollikels cm^2
- 30-50 jaar: 485 haarfollikels cm^2
- elke haarfollikel kan 10-30 haren produceren in cycli

Haarcyclus-fasen



Groeifase	Duur	Percentage
Anageen (groei)	2-6 jr	85-90%
Katageen (involutie)	2-3 wk	<1 %
Telogeen (rust)	3 mnd	10-15%

Alopecia areata: kliniek

1

2

Ophiasis type

3

Alopecia areata totalis (universalis = afwezigheid van *alle* lichaamsbeharing)

Nagelafwijkingen

Het haar-consult

7 Stappenplan bij haarafwijkingen
1. Anamnese
2. Dermatologisch onderzoek + haartrektest
3. Trichoscopie
4. Differentiaaldiagnose
5. Aanvullend onderzoek o.a. biopt
6. Diagnose
7. Therapie

Lichamelijk onderzoek:

- Gehele behaarde hoofd bekijken
- Wenkbrauwen/ wimpers bekijken
- Lichaamsbeharing bekijken
- Nagels bekijken

Haartrektest

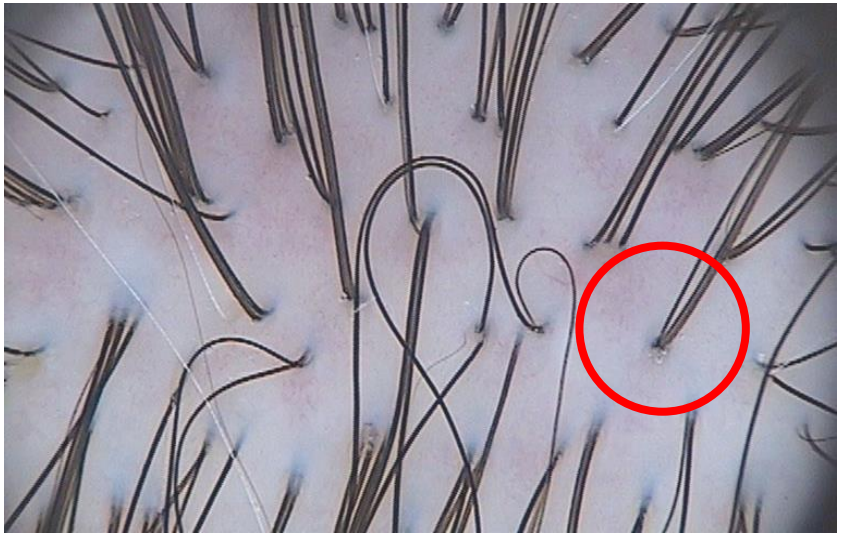
- Langzame tractie aan 50-60 haren
- Niet wassen of borstelen voorafgaand aan de test achterhaald
- Positieve test: 10% of meer uitgetrokken haren
- Bij actieve alopecia areata vaak positieve trektest rondom de kale plek

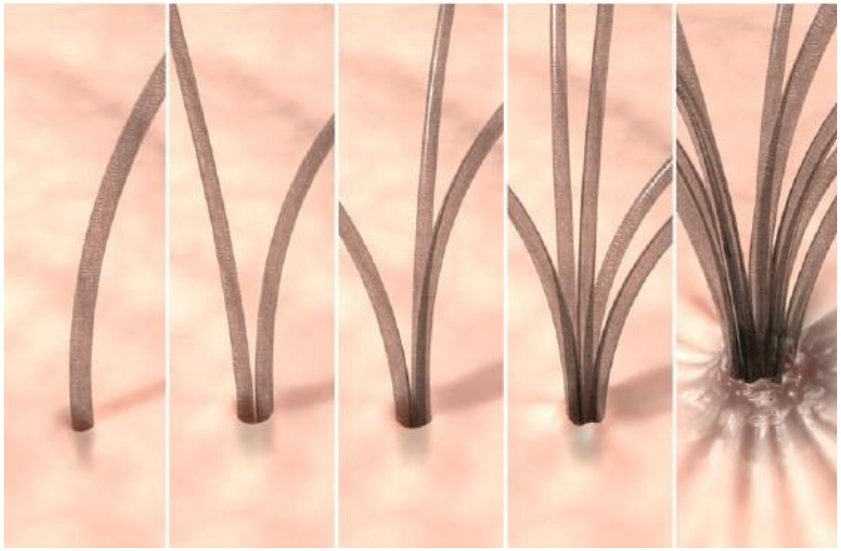
Mc Donald KA et al. Hair pull test: Evidence-based update and revision of guidelines. JAAD 2017

Trichoscopie

Wat is normaal?

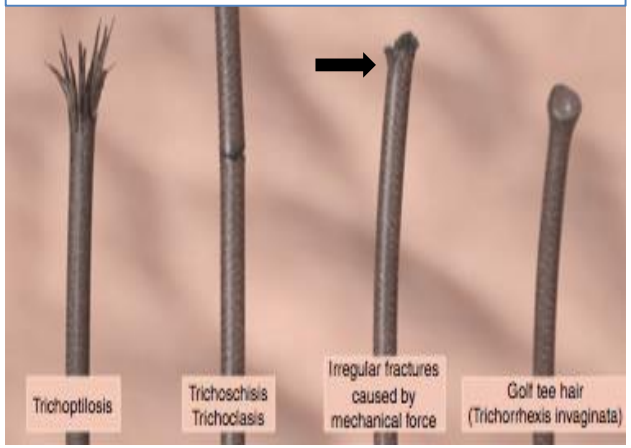
- Uniformiteit (0,03-0,06 mm diameter, gelijk in kleur, vorm, distributie)
- 1-3 haren per folliculaire opening
- < 5% van de haarfollikels mag meer dan 4 haren bevatten



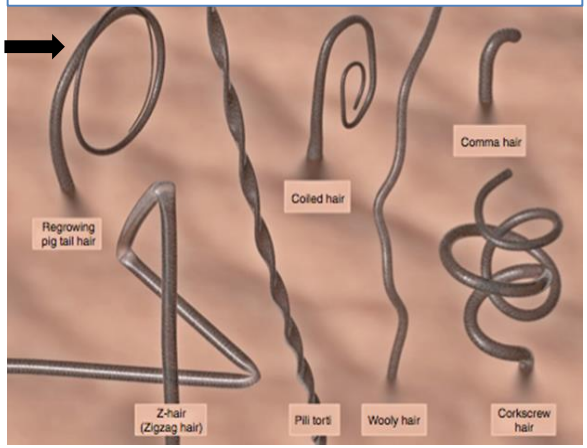


Haarschacht

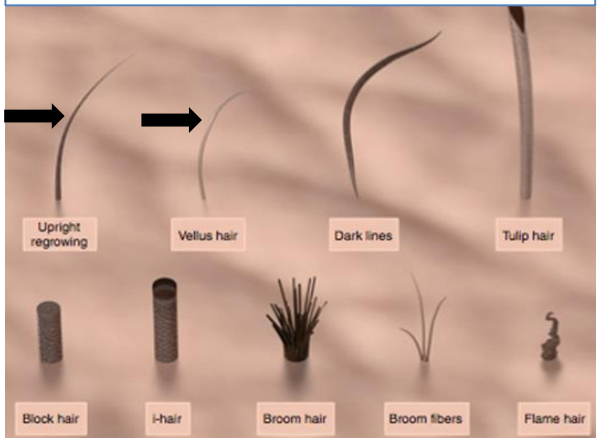
Fracturen



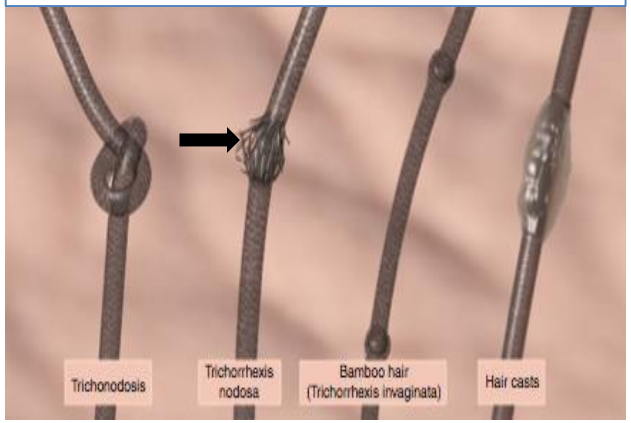
Krullingen



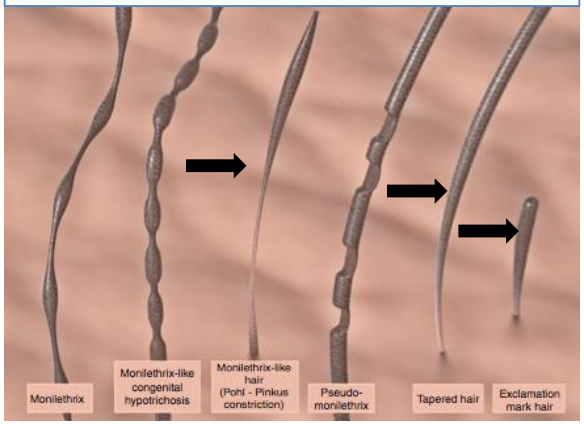
Verkortingen



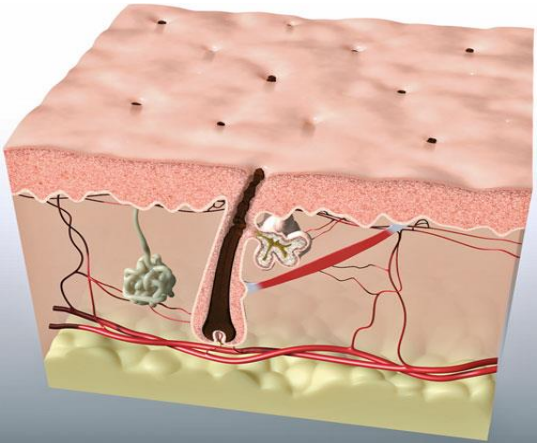
Nodulaire afwijkingen



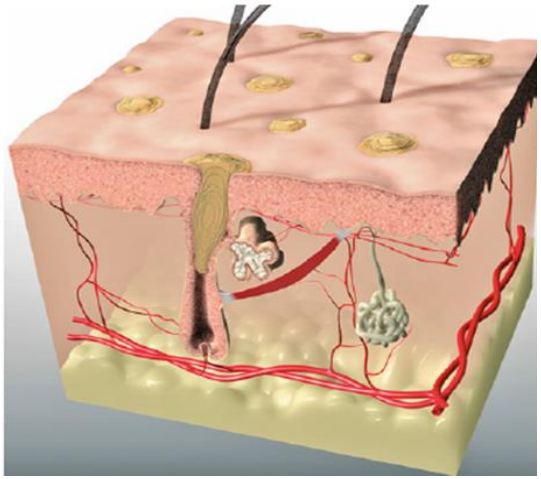
Vernauwingen



Hoofdhuid
Dots: follikelopeningen



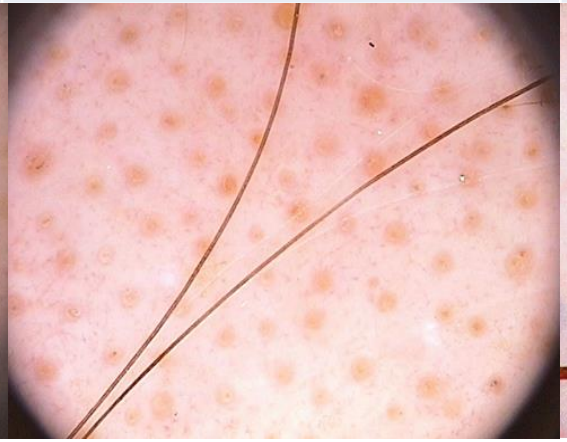
Black dots: rest van gepigmenteerde afgebroken
of
gedestrueerde haren

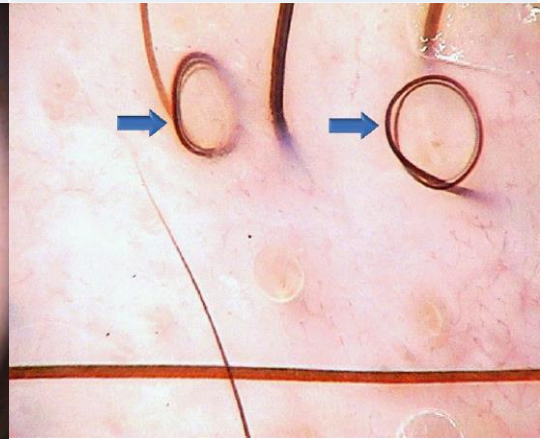


Yellow dots: follikelopeningen gevuld met hoorn
of
talg

Afwezigheid van zichtbare follikelopeningen

Actieve AA	Inactieve AA	AA met haar hergroei
Black dots	Yellow dots	Terminale haren
Uitroepteken haren	Vellus haren	Vellus haren
Afgebroken haren	Verdwijnen van follikelopeningen	Pigtail haren
Haarschachtafwijkingen (oa monilethrix/ trichorrhexis nodosa)		



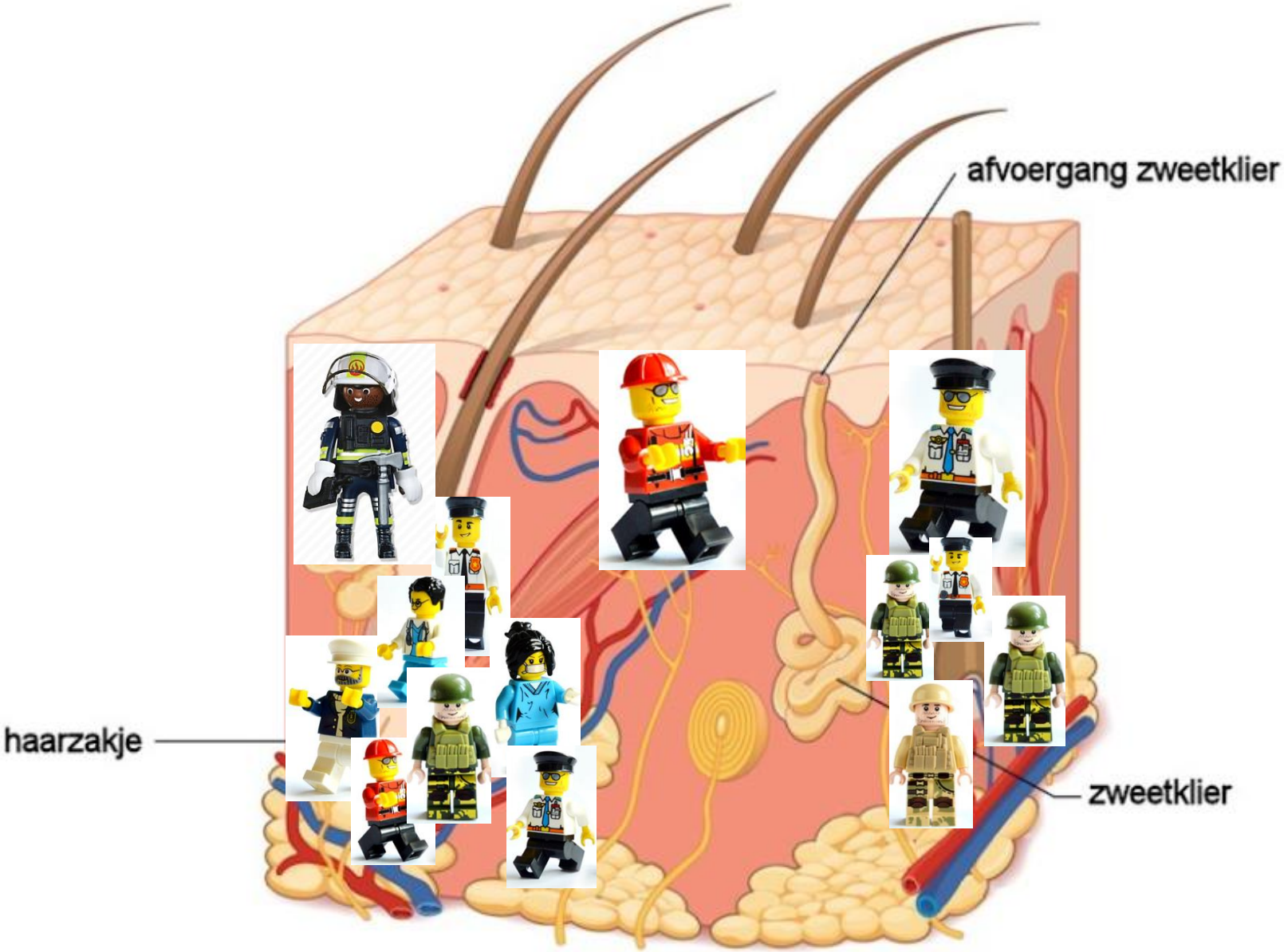


Negatieve predictieve factoren

- AT/ AU/ ophiasis
- Jonge leeftijd bij presentatie
- nagelbetrokkenheid
- positieve familieanamnese
- Atopie of andere auto-imuunziekten in de VG

Prognose

- 40-70% spontane haar hergroei binnen 1 jaar
- 10% spontane haar hergroei bij AT/ AU
- 25% progressie


afvoergang zweetklier
haarzakje
zweetklier

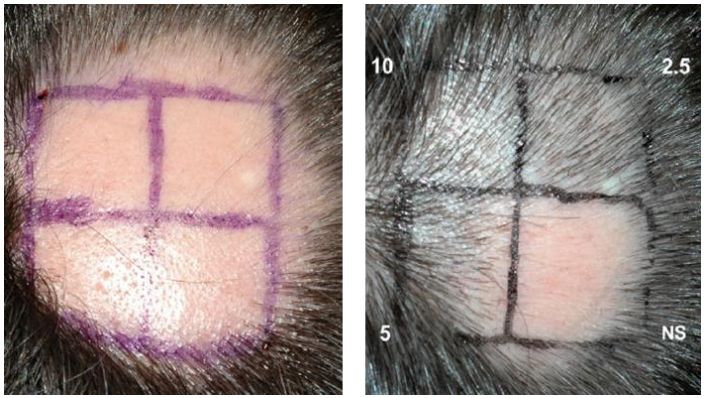
Behandeling AA

- Goede bewijs ontbreekt
- 40-70% haar hergroei binnen 1 jaar

- Start met topicaal corticosteroïd klasse 3 1dd 5+2- voor minimaal 3 mnd

- **Overig:**

- Kenacort injectie



Chu et al. JAAD 2015

- Lokale therapieën oa:
  - corticosteroiden
  - minoxidil
  - diphencyprone
  - calcineurine remmers
  - latanoprost
  - dithranol

- Systemische therapieën oa:
  - corticosteroïden
  - ciclosporine
  - methotrexaat
  - Fumaarzuur
  - JAK-remmers

and analyzed. Therapies studied for AT/AU included: topical immunotherapy, steroids, photodynamic therapy, immunosuppressive agents, TNFα inhibitors, and other therapies, such as sulfasalazine, bexarotene, JAK inhibitors, and simvastatin/ezetimibe. Although certain treatments showed significant hair regrowth, no treatment was completely effective. The most promising therapies with the highest quality data include diphenylcyclopropenone, squaric acid dibutylester, photodynamic therapy, steroids, and cyclosporine in combination with methylprednisolone. High-quality randomized-controlled trials with large sample sizes are lacking. Unified outcome guidelines are encouraged to facilitate the comparison of future studies.

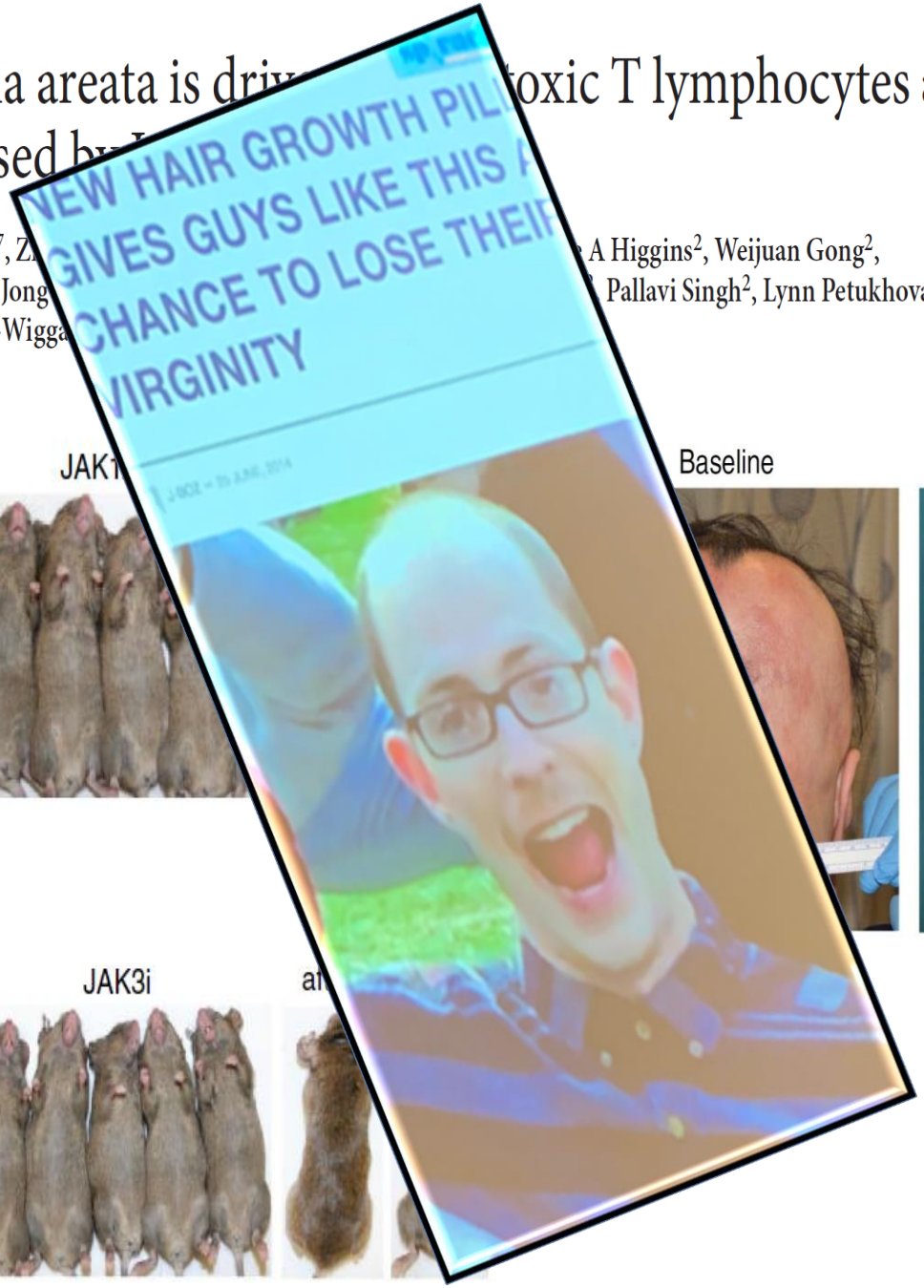
Kar9 found a statistically significant response rate of 40% (8/20) in participants treated with oral prednisolone pulse therapy (200 mg once weekly) for 3 months when compared to identical placebo tablets. In comparative studies, there were significantly greater response rates with intramuscular triamcinolone, intravenous methylprednisolonse and oral betamethasone minipulse therapy with liquid phenol, when compared to oral dexamethasone,7 oral

There remains no systemic therapy that is supported by robust evidence from high quality RCTs. Some RCTs suggest efficacy of oral prednisolone pulse therapy and oral inosiplex. Oral zinc sulphate, intramuscular alefacept and subcutaneous efalizumab are ineffective. To further define efficacy of systemic treatments in alopecia areata, there is a need for higher quality RCTs with clearly defined endpoints to be conducted in the future.

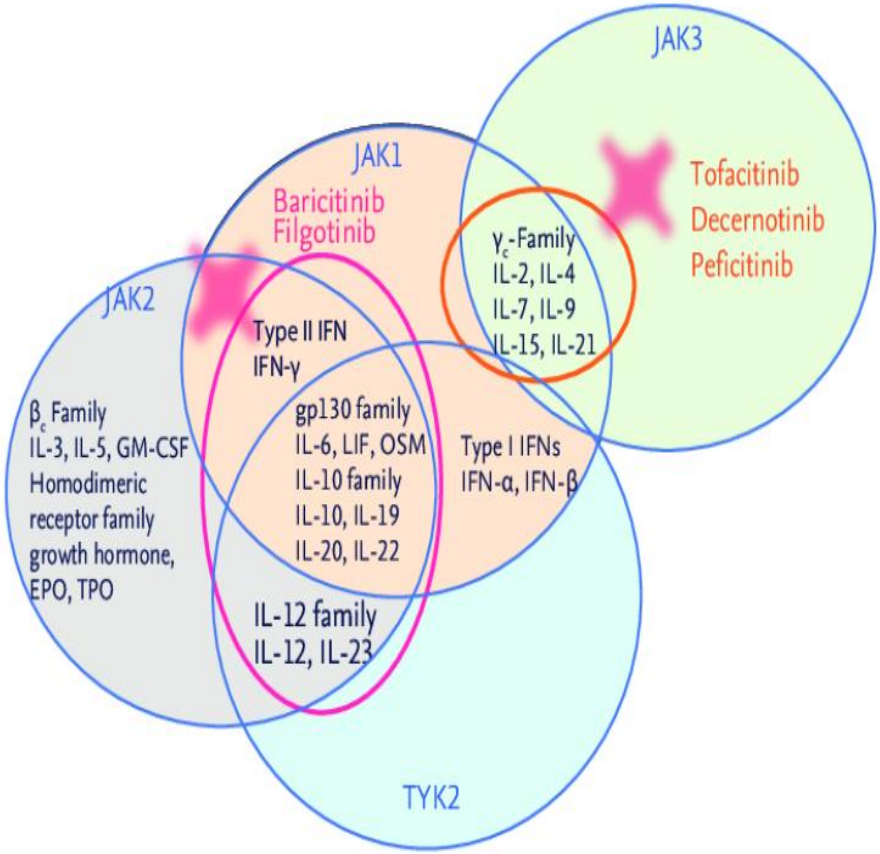
nature medicine

Alopecia areata is driv toxic T lymphocytes and is reversed by

Luzhou Xing[1,7], Z A Higgins[2], Weijuan Gong[2],
Annemieke de Jong Pallavi Singh[2], Lynn Petukhova[2],
Julian Mackay-Wigga



JAK-remmers


JAK3
JAK1
JAK2
TYK2
Tofacitinib
Decernotinib
Peficitinib
Baricitinib
Filgotinib
γc-Family
IL-2, IL-4
IL-7, IL-9
IL-15, IL-21
Type II IFN
IFN-γ
βc Family
IL-3, IL-5, GM-CSF
Homodimeric
receptor family
growth hormone,
EPO, TPO
gp130 family
IL-6, LIF, OSM
IL-10 family
IL-10, IL-19
IL-20, IL-22
Type I IFNs
IFN-α, IFN-β
IL-12 family
IL-12, IL-23

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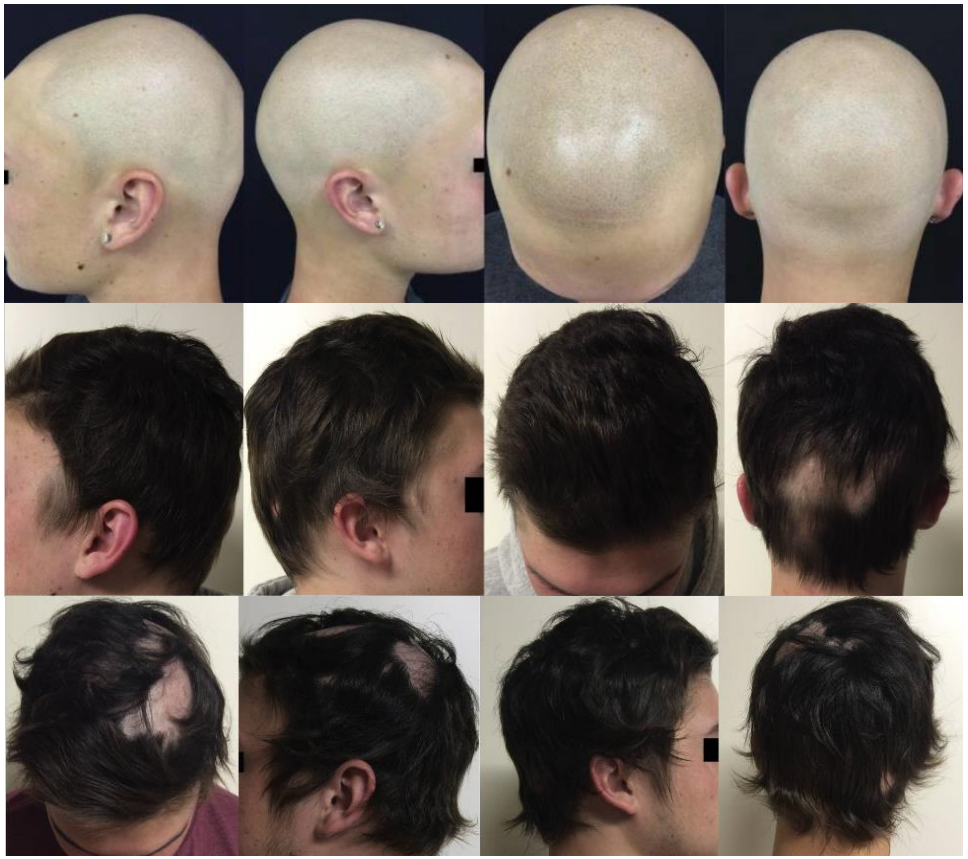
zoetis



- AT/ AU reageren minder goed
- Langdurig haarverlies (>10jr)
  negatieve voorspeller op respons
- Goede respons 45%;
  partiele respons 20% binnen 6 mnd
- Respons van haargroei op de ene locatie geen voorspeller van haargroei op een andere locatie
- Opnieuw haaruitval na enkele wk stop medicatie
- Bijwerkingen: nasofaryngitis, infecties, hoofdpijn misselijkheid, , cytopenieen, verhoogd cholesterol

Chiang et al. Balance of tofacitinib efficacy and disease flare in the treatment of alopecia universalis: A case report and review of the literature. JAAD 2018

Topicale JAK-remmers

potential advantages in the safety profile with long-term use. There have been two phase 2 randomized controlled trials initiated by Incyte Corporation (NCT02553330, terminated) and LEO Pharma (NCT02561585, completed no published results). No results from these trials were published so the efficacy cannot be determined.

Craiglow BG. JAAD 2018

It’s just hair, why is it a BIG DEAL?

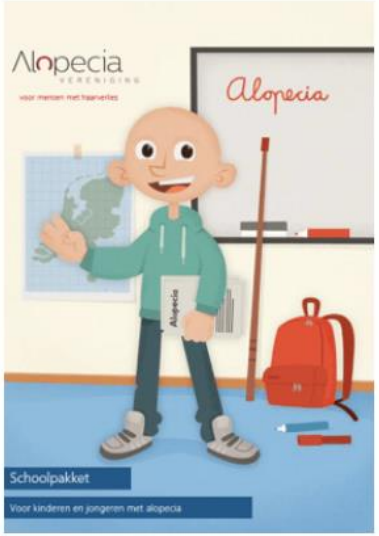
~~It's just~~ h~~air, why~~ it is a BIG DEAL~~?~~

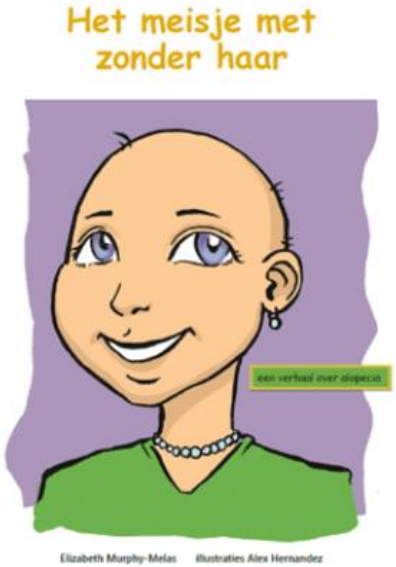
Haarwensen
stichting
Dankzij jouw bijdrage heb
ik weer een volle bos...

Haarwensen
ROPARUN

Alopecia
VERENIGING

Wat we doen | Alopecia | Doe mee | Over ons | Webshop | Inloggen leden | **Contact** | Zoekopdracht





Vragen?