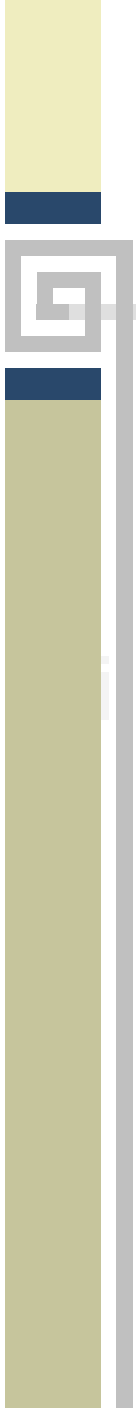


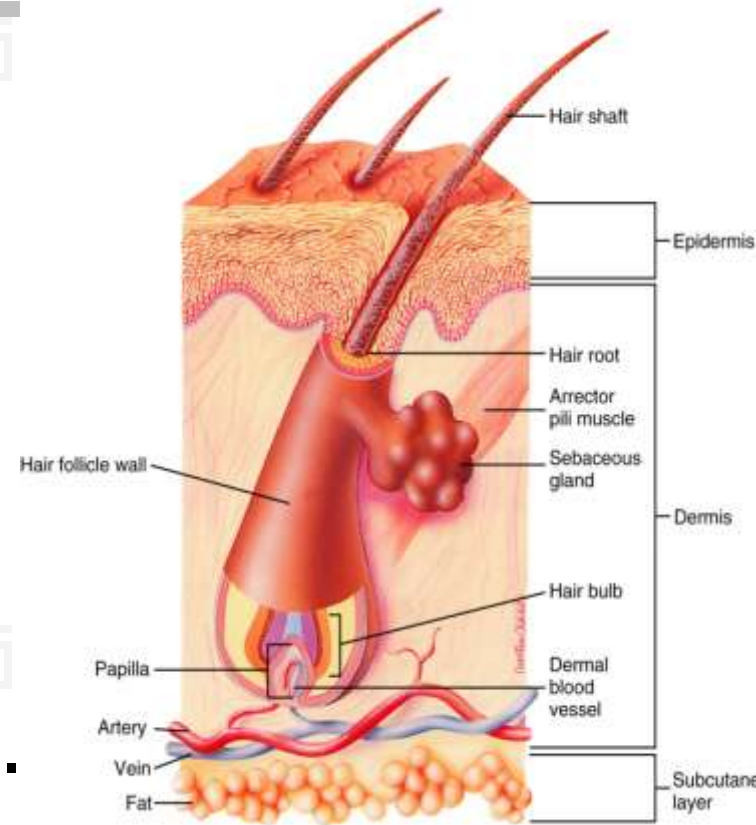


Skin conditions 2

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- Hair loss
 - Fungal skin infections

Hair loss

- Hair follicle (HF):
- Dead keratinized cells.
- Root.
- Growth cycle of HF:
- Anagen (3 years).
- Telogen(3 months)5-15%.
- Catagen.
- Rate of growth cycle(100hair/day).



Types of hair loss

- **Androgenic alopecia (commonest).**
- Telogen effluvium.
- Nutritional factors.
- Stress induced hair loss.
- Endocrine disorder.
- Fungal scalp inf.(tinea capitis).
- Traction alopecia.
- Medicine induced alopecia.

Androgenic alopecia

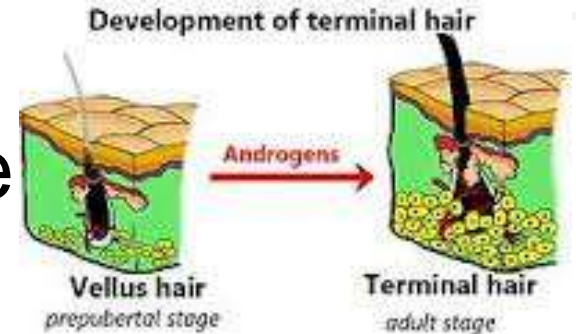
- Men > women
- In men starts in 2nd decade
- Women after menopause.
- Family history.



Aetiology

- Terminal hair(longer, thicker).
- Vellus hair(shorter,downy).
- Patients with hair loss have High 5 α reductase.

Dihydrotestosterone binds to HF and ceases its activity.



Telogen effluvium

- Diffuse hair shedding, often with an acute onset due to shift of more hair to the telogen phase of hair cycle within a few months affected hair falls suddenly.
- Causes:
 - Postpartum (reassurance)
 - Stress.



Nutritional factors

Iron deficiency anemia.

2 month course of iron supplementation
may result in
thickening of hair.



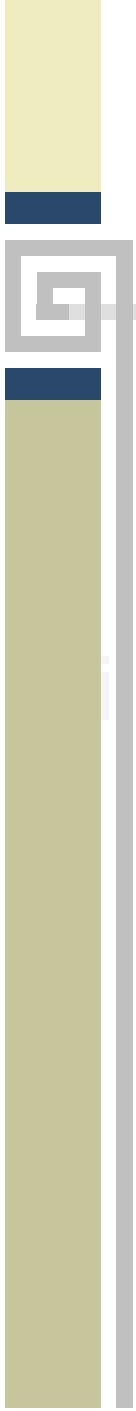
Stress induced hair loss

Telogen effluvium.

Trichotillomania: is an irresistible urge to pull out hair from the scalp, eyebrows.

Alopecia areata





Alopecia areata: also known
as **spot baldness**, is an autoimmune
disease in which hair is lost suddenly
from some or all areas of the body.
Affect children adolescents.
Self limiting.



Endocrine disorders

DM ???.

Hypopituitarism.

Hypothyroidism (severe and prolonged).

**Fungal scalp inf. tinea
capitis (itch and scalling)**



Traction alopecia

- is a gradual hair loss, caused primarily by pulling force being applied to the hair.
- Eg. Rollers or a particular type of hair style.



Medicine induced




Table 7.16
Medicines known to cause hair loss

| Medicine or medicine class | Incidence of hair loss |
|----------------------------|--|
| Antineoplastics | Almost 100% (to varying degrees) |
| Anticoagulants | Telogen effluvium in approximately 50% |
| Lithium carbonate | Telogen effluvium in approximately 10% |
| Interferons | Telogen effluvium in 20 to 30% |
| Oral contraceptives | Seen 2 to 3 months after stopping |
| Retinoids | Approximately 20% of patients |
| Colchicine, carbimazole | Rare |

OTC medication for androgenic alopecia

Minoxidil (2%,5%) for androgenic alopecia for men and women.

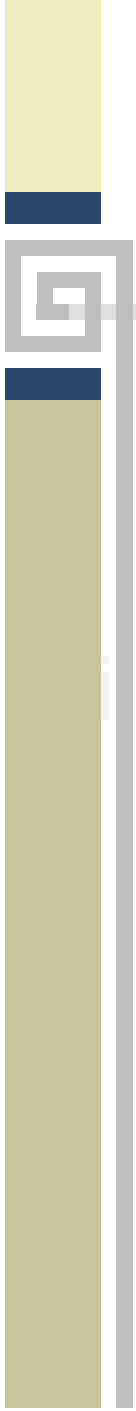
Side effects:

Irritation of the eye

Redness of the treated area

Temporary(2-6weeks) hair loss is a common side effect why??.

Absorption to systemic circulation may occur what to do??.

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-
- If treatment stops ??
 - Oral finasteride.
 - Men and women???
 - Mech.???

Fungal skin inf.(dermatophytes)

Athlet's foot(tinea pedis).

Groin inf.(tinea cruris).

Ring worm(incorrect term):tinea corporis

Scalp (tinea capitis).

Nail (tinea unguium).

Tinea versicolor (not contagious)

Athlet's foot

Itching, flaking and fissuring of the skin affect feet and may spread to nails.

The feet often smell.



Tinea cruris

A rash in the groin. bilateral and itchy, red-brown and a well defined edge.

Tinea corporis

Skin that do not involve feet, hands, face, groin or scalp.

Itchy, scaly red or pink with a well defined border.

Single or multiple.



Conditions to eliminate

- Psoriasis???
- Dermatitis(eczema):

Allergic(genetic, endogenous) contact dermatitis.

Irritant(exogenous) contact dermatitis.

Misdiagnosis with dermatitis may occur with subsequent use of topical steroids.

Will lead to.....



OTC treatment of dermatophytes

- **Imidazoles (cream):**

Inhibit ergosterol, an essential component of fungal cell mem.

Used for pregnant women and children.

Applied 1-2 times/day.

Should be continued 1-2 weeks after clearance of lesion.

Clotrimazole

Keticonazole continued for 2-3days after disappearance

Miconazole:

Terbinafine

- Same mech. as imidazoles.
- Used for people over 16-18 years.
- More expensive.
- Better to avoid for pregnant and breast feeding women.

Tolnaftate

- Treatment should continue 1 week after clearance of inf.
- Benzoic acid
- Whitefield's oint.(benzoic acid+salicylic acid) rarely used.

Grisofulvin(spray)

- For athlete's foot
- Spray should be continued 10 days after clearance.
- Effective orally.
- It can also be used systemically for resistant fungal inf.

Undecenoates

- For athlete's foot and continued 1 week after clearance.
- Dosage forms:
- Cream, powder, spray.

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- Thank you for listening