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Alopecia Areata: Epidemiological, Clinical, Dermoscopic, Therapeutic, and Prognostic Aspects

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Introduction & Objectives:

Alopecia areata is a non-scarring autoimmune disease that presents as alopecic patches on the scalp or other hair-bearing areas. It results from an immune-mediated attack on hair follicles by cytotoxic T lymphocytes, with a genetic predisposition playing a key role. The condition can affect individuals at any age, and its course is chronic, relapsing, and unpredictable, making effective management particularly challenging.

This study aimed to assess the epidemiological and clinical profile, dermoscopic features, prognostic factors, and therapeutic outcomes in patients with alopecia areata.

Materials & Methods:

This prospective, descriptive, and analytical study was conducted from November 2019 to April 2025 in the Department of Dermatology at our University Hospital Center. A total of 167 patients diagnosed with alopecia areata were included.

Results:

There was a female predominance, with a male-to-female ratio of 0.46. The mean age at onset was 30.64 years. A family history of alopecia areata was noted in 13% of patients. A personal history of atopy was found in 25% of cases, and a family history of atopy in 10%. Additionally, 13% of patients had a history of autoimmune diseases, including thyroiditis, vitiligo, psoriasis, diabetes, and rheumatoid arthritis. The patchy form of alopecia areata was the most frequently observed. Dermoscopic features were diverse, most commonly including yellow dots (83%), black dots (57%), vellus hairs (46%), exclamation mark hairs (41%), circle hairs (15%), cadaverized hairs, and broken hairs. Alopecia severity was greater among female patients. Disease extent was associated with early onset, longer disease duration, and the presence of nail abnormalities. Therapeutic choices depended on patient age, disease extent, and disease duration. When involvement was less than 40%, a favorable therapeutic response was observed in over 50% of cases. In cases with more than 40% involvement, therapeutic failure was reported in over 70% of patients. Among patients with alopecia totalis, 45% achieved a cosmetically acceptable response, and 30% experienced complete regrowth.

Conclusion:

Alopecia areata remains a complex and unpredictable autoimmune disorder with significant clinical variability. This study highlights a female predominance and a relatively young age of onset, with the patchy form being the most prevalent. Dermoscopic examination proved valuable in identifying characteristic features, aiding in diagnosis and evaluation. The severity and extent of the disease were strongly associated with early onset, prolonged duration, and nail involvement. Despite the therapeutic challenges, especially in extensive forms, favorable outcomes were achieved in cases with limited involvement. These findings underscore the importance of early diagnosis, individualized treatment strategies, and long-term follow-up to improve prognostic outcomes in patients with alopecia areata.