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FEATURES OF DIAGNOSIS OF POSTCOVID ALOPECIA

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Background. The problem of hair loss takes a large part among all dermatological diseases. Since in many cases it is a consequence of systemic damage to the body, this topic is relevant not only for dermatovenerologist doctors, but also for specialists in related disciplines - endocrinologists, immunologists, neurologists, toxicologists, geneticists, etc. During crisis states, patients often complain about hair loss, the same applies to postcovid syndrome. Why excessive hair loss occurs, what are the diagnostic criteria, and when should you consult a doctor are questions that remain unexplained. In addition, the issue of hair condition can often lead to psychological discomfort for aesthetic reasons.

Despite the fact that the clinical examination of the patient with the collection of anamnesis is the main method in dermatology, the use of modern technology and methods helps to establish a diagnosis more qualitatively and in a timely manner. Trichoscopy has gained popularity as a tool for differential diagnosis of hair and scalp diseases in recent decades. Using a trichoscope and special software, you can make a phototrichogram of the patient's scalp. This allows you to analyze important indicators of hair growth and condition, to study these data in dynamics, comparing their changes over time.

The aim of the study was to establish the features of the clinical course and trichoscopy in patients with postcovid alopecia.

Patients and methods. The study included 28 people (10 men and 18 women) who complained of hair loss within 15 to 95 days of the end of the disease with COVID-19. For an objective assessment of the condition of the hair, an examination - trichoscopy - was used using the FotoFinder photo imaging system.

Results. It was established that the majority of patients (20 people - 71.4%) paid attention to hair loss 22 - 88 days after the infection. When determining the clinical forms of alopecia, attention was paid to the presence of focal or diffuse loss, the site of the lesion. 18 patients (64.3%) were diagnosed with telogen alopecia, which is clinically characterized by diffuse hair thinning. Hair thinning is diffuse and uniform in all areas of the scalp. A trichoscopic pattern of vertically growing hair was the most common feature of this type of alopecia. It is strong and dense, which explains its vertical direction and sharp tip.

Androgenetic alopecia, which is associated with absolute or relative hyperandrogenism and is clinically manifested by hair thinning only in the frontal-parietal and/or occipital region, was the second most frequently observed (5 people, which is 17.9%). Visually, this type of alopecia is difficult to distinguish from the

previous, telogen type. Such trichoscopic signs were observed in this pathology, such as: heterogeneity of hair thickness, which was manifested by the simultaneous presence of thinned, intermediate and thick hair shafts. The predominance of single follicular units is also determined. If usually a follicular unit contains up to 3 hairs, and the share of follicular units with only one rod is less than 30%, then in our patients the number of single follicular units increased to 53.8% on average. Brown perifollicular pigmentation (peripillary sign) was found around almost all follicular units. It is generally accepted that a large-scale change in the color of the perifollicular area is a negative prognostic factor.

The rarest (in 3 people, 10.7%) was focal alopecia, which was clinically manifested by rounded foci with no hair and no signs of inflammation or peeling. Trichoscopic signs of focal alopecia were yellow dots that were located in groups of 2-3, which corresponded to the number of former hair shafts. These groups were more visible in the frontal zone, where the share of single units is higher. Black dots were also observed - pigmented remnants of damaged and broken hair at the level of the scalp - this is a marker of an active disease.

Conclusion. Thus, the classical methods of taking an anamnesis and clinical examination of patients with hair loss allow in most cases to determine the type of alopecia, but in difficult situations (differential diagnosis between telogen and androgenetic alopecia), the final diagnosis can be established using modern equipment - the trichoscopy method.

A significant predominance of telogen alopecia over other forms is defined as a typical post-covid symptom, which should be taken into account in the work of doctors of various specialties.

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