

Annular alopecia unlike any other

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Clinical Image

A 23 year old patient, with no medical history presented with an asymptomatic lesion on scalp that had been evolving for 3 years. Clinical examination showed a smooth, mobile, firm, and well-circumscribed nodule surrounded by a well-defined annular patch of non scarring alopecia (**Figure 1**), hair pull test was negative. On trichoscopy we found irregularly broken hairs, black dots and flaming hairs, the rest of the scalp and body hair were without abnormalities. Based on the typical clinical presentation, the diagnosis of trichotillomania associated to trichilemmal cyst was made and the patient was treated with surgical removal of the cyst. There was a normal hair regrowth in the scalp after cognitive-behavioral management (**Figure 2**).

Trichotillomania is a self-induced hair loss originating from pulling of one's own hair repetitively in a compulsive manner, leading to significant hair loss. The diagnosis may be difficult when patients deny that they are pulling the hair out [1]. Dermoscopy is very useful because it reveals specific diagnostic features as: different levels of broken hair, Tulip hairs, flame hairs, V hairs, trichoptilosis and coiled hairs. Treatment options include cognitive behavioral therapy, pharmacological management, and combination therapies. Trichotillomania is a chronic condition of varying severity, hence the need for early and effective diagnosis and treatment.



Figure 1: Clinical and dermoscopic features of trichotillomania. (A) Well-defined annular patch of non-scarring alopecia, (B) irregularly broken hairs, black dots and flaming hairs.



Figure 2: Good improvement after treatment.

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