

Editorial

Editorial: Alopecia areata: small areas conferring larger impacts

Alopecia areata (AA) is a common type of hair losing disorders affecting about 2% of world population with an estimated lifetime risk of alopecia areata 1.7–2.1%.¹⁻² "Alopecia" means hair loss and the word "areata" means patchy- because the disease cause patchy hair loss, it is called alopecia areata.² AA affects people irrespective of age and gender and approximately 20% of cases are children.³ This is a disease of multifactorial background with genetics, autoimmunity, and environmental influences. This autoimmune mechanism mostly targets the anagen hair follicles leading to non-scarring alopecia. It also affects nails, and, sometimes the retinal pigment epithelium.⁴ AA has a wide range of disease severity from single or few patches of hair loss to universal loss of hair from the whole of the body including the scalp called alopecia universalis (AU). A good proportion of cases experience spontaneous resolution though it is followed by an unpredictable relapse from unknown triggers.⁵ AA significantly lowers patient's quality of life, social functioning, and psychological well-being imposing an extra financial burden for treatment costs.⁶ In decision making for management of this complex disease a comprehensive understanding of the disease process, its psychosocial impact and available treatment options is crucial. Management modalities for AA are diverse ranging from non-pharmacological interventions (observation and waiting for spontaneous remission, using camouflage techniques, psychotherapy, microblading) to pharmacotherapy as the newer immuno-modulating Janus Kinase (JAK) inhibitors. Regarding pharmacotherapy for AA, most of the available therapeutic modalities lack satisfactory efficacy and safety records and still, there is no curative treatment. In many situations, long-term immunosuppressive therapy is required to prevent recurrence. Physicians have to play a predominant role in both educating patients and offering emotional support. More prospective studies are essential to evaluate the safety of newer agents JAK inhibitor therapy especially major cardiac events and malignant potentialities.

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