

Alopecia Areata and Suicide Ideation

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ABSTRACT

Alopecia areata represents an autoimmune process against an unidentified autoantigen in the follicle of the hair, which affects all ages, from young children (a few months old) to elderly patients. Alopecia areata has an important impact on the quality of life, leading to a predisposition towards anxiety and depression, especially if the patients are treated with corticoid therapy that heightens the risk for such psychiatric disorders. We present the case of a patient with alopecia areata who was diagnosed at the age of 18 months, and had been followed-up until the age of 27 years.

Keywords: alopecia areata, treatment failure, comorbidity

We present the case of a patient with alopecia areata diagnosed at the age of 18 months (Figure 1A). Prolonged systemic steroids (prednisolone pulse therapy and daily oral prednisone) were recommended for 3 years, with a partial re-growth of the hair. The cessation of steroids, however, allowed a relapse of the disease within the following 2 years.

Aged 7, she had alopecia totalis on the scalp and eyebrow alopecia (Figure 1B). Potent topical steroids were tapered for 3 months with no improvement. She refused any other medical approach and she was lost to follow-up.

Aged 10, following a stressful personal event, she was hospitalized in the Dermatology Unit for alopecia universalis (total disappearance of hair). All laboratory parameters were within normal limits, and steroids were administered intravenously in bolus for 6 months with no results. Skin biopsy showed areas of cicatricial alopecia (the absence of hair follicles, fibrosis and inflammation) and areas of non-cicatricial alopecia (dense peribulbar lymphocytic infiltrate).

She underwent many treatments for 10 years, mostly high doses of systemic steroids in continuous administration, vitamins, variable topical treatments, homeopathy, with no improvement on hair growth.

The patient agreed to the publication of his data and the institution where the patient had been admitted, approved the publication of the case.

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FIGURE 1. **A** – Patchy scalp alopecia areata at the age of 2. **B** – Alopecia totalis on the scalp, the absence of eyebrows, and the presence of eyelashes at the age of 7.

Aged 25, she was hospitalized for a suicide attempt caused by severe depression due to alopecia universalis, probably favored by the prolonged steroid therapy and high doses throughout the years (Figure 2 A, B, C).

Steroid therapy was not indicated because of the psychiatric disorder; only emollients were prescribed. A long hospitalization and specialized treatment for mental recovery were initiated.

At the age of 27 she was admitted into the Rheumatology Department for ophiasis-type alopecia areata, diffuse arthralgia, depression (treated with alprazolam) (Figure 3).

Laboratory parameters raised the suspicion of systemic lupus erythematosus, although no clinical criteria were noted. Endocrinological investigations revealed some abnormal values. A diagnosis of alopecia areata associated with autoimmune thyroiditis with euthyroid status

and lupus-like immunological markers in a female patient treated for severe depression was established.

Alopecia areata has been described in young children (a few months old), in adulthood, and even in elderly patients; it is a T-cell mediated autoimmune process probably against an unknown autoantigen localized in the hair follicle.^{1,2}

Steroid-induced neuropsychiatric symptoms, especially mania and psychosis, are well documented in the literature, but overlooked in daily practice.³

High and prolonged doses of systemic steroids are recommended in alopecia areata in children, although, on the long term, results are deceiving, and the spectrum of severe side effects is large and unpredictable. On the other hand, the impact on quality of life of alopecia areata is huge, mostly in children and in severe cases, predisposing to anxiety



FIGURE 2. **A, B** – Detail: total loss of scalp hair at the age of 25. **C** – The absence of hair in the axillae at the age of 25.



FIGURE 3. Clinical aspect at the age of 27.

or depression of the child and members of the family, and accompanied by an urge for therapeutic measures. Variable mental disorders have been reported in patients diagnosed with alopecia areata: depression, anxiety, social phobia, post-traumatic stress syndrome, and suicidal attempts.⁴

In daily practice, it is of great importance to balance the risks and benefits in alopecia areata, especially in children

and in prolonged therapy, being aware that relapses are frequently observed despite therapeutic efforts.

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