Approach to Management of Scarring Alopecias in Skin of Color Patients

Temitayo Ogunleye, MD
Assistant Professor
University of Pennsylvania
Department of Dermatology

DISCLOSURES
[None]
Approach to Management of Scarring Alopecias in Skin of Color Patients

- Central Centrifugal Cicatricial Alopecia
- Traction Alopecia
Central Centrifugal Cicatricial Alopecia (CCCA)
• Chronic and progressive central scalp hair loss that expands centrifugally in a somewhat symmetric fashion → a smooth and shiny scalp with impressive follicular dropout
• Asymptomatic, itching or tender
• Typically not overtly inflammatory (occasional inflammatory papules, or dyspigmentation)
• Hair breakage may be occult sign
• Most common in women of African descent, but has been described in men and occasionally in other races.
Management of hair disorders in SOC patients

- Recommend going “natural” (no relaxers, no braids, weaves, tight ponytails, heat)
- Topical steroids
- Antifungal shampoos (wash hair 2-3 times per week)
- Intralesional kenalog injections for a few sessions
- Oral tetracyclines
- Patient response-->noncompliance, frustration, disappointment
Don’t assume!
  • Ask open ended questions

Ask specifics about hairstyling methods
  • How often do you get your hair braided (get a weave, crotchets, etc) in a year? Do you take breaks? How long do you wear your braids? How long do you wait between relaxers?

Thoroughly examine scalp if able—(if patient comes in with weave/wig that obstructs exam, perform exam, but ask that patient return for full exam)
Hairstyling/terminology
<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Big chop</td>
<td>Process of cutting off chemically relaxed hair ends</td>
</tr>
<tr>
<td>Blow-out</td>
<td>Brushing hair in the presence of moderate-to-high heat to straighten hair</td>
</tr>
<tr>
<td>Braid</td>
<td>Interlocking of ≥3 pieces of hair; not affixed to the scalp; may be combined with hair extensions for increased thickness and length</td>
</tr>
<tr>
<td>Co-wash</td>
<td>Process of washing hair with a conditioner instead of a shampoo; typically done on natural hair to maintain moisture</td>
</tr>
<tr>
<td>Cornrows</td>
<td>Braids affixed to the scalp with hair parted in straight or intricate rows</td>
</tr>
<tr>
<td>Dreadlocks, locks, sisterlocks</td>
<td>Intertwined sections of hair formed from uncombed hair tangling into clusters; hair may be rolled between the palms (palm rolling) to initiate and maintain process; hair is eventually permanently locked into sections; different from braids, which have a precise pattern and may be unbraided; sisterlocks are a much thinner variant of locks</td>
</tr>
<tr>
<td>Flat-ironing</td>
<td>Thermal straightening process where hair is pulled between two heated metal plates</td>
</tr>
<tr>
<td>Flat twists</td>
<td>Twists affixed to the scalp similar to cornrows but twisted instead of braided</td>
</tr>
<tr>
<td>Greasing scalp</td>
<td>Process of applying a pomade or oil to the scalp after washing hair and throughout the week; often done to cover scale from seborrheic dermatitis misinterpreted as dry scalp</td>
</tr>
<tr>
<td>Natural hair</td>
<td>Hair that has not been chemically processed</td>
</tr>
<tr>
<td>New growth</td>
<td>New unprocessed hair that has grown during a long-term style or chemical relaxer</td>
</tr>
<tr>
<td>Pomade</td>
<td>Ointment applied to hair to improve manageability; often applied to scalp (see greasing scalp)</td>
</tr>
<tr>
<td>Plaits, single braids, microbraids</td>
<td>Individually braided sections that vary in size; not affixed to the scalp; may be manipulated to form different styles</td>
</tr>
<tr>
<td>Pigtails</td>
<td>Hairstyle often worn by children in which hair is parted into sections, gathered using a rubber band or hair tie; loose ends are twisted or plaited</td>
</tr>
<tr>
<td>Pressing</td>
<td>Thermal hair straightening, also known as hot-combing; heated metal comb and hair oil are used to straighten hair</td>
</tr>
<tr>
<td>Relaxer</td>
<td>Chemical process to straighten hair permanently; frequently described as a perm by patients; however, perm is the permanent waving of straight hair, whereas relaxer is the permanent straightening of curly hair</td>
</tr>
<tr>
<td>Sew-in</td>
<td>Weave that is sewn onto hair braided into cornrows</td>
</tr>
<tr>
<td>Transitioning</td>
<td>Process of transitioning from relaxed to natural hair; also referred to as going natural or growing out hair</td>
</tr>
<tr>
<td>Twist-out</td>
<td>Twists or flat twists that have been untwisted and worn loose</td>
</tr>
<tr>
<td>Twists</td>
<td>Twisting two pieces of hair around each other; also known as two-strand twists</td>
</tr>
<tr>
<td>Weave, extensions, tracks</td>
<td>Synthetic or natural hair that can be sewn, braided, or glued to hair</td>
</tr>
<tr>
<td>Wig, lace front</td>
<td>Scalp covering made of synthetic or human hair; lace front is a type of wig with a frontal thin mesh or lace that camouflages in the frontal hairline</td>
</tr>
</tbody>
</table>

Table 3. Terminology of common hairstyles and practices in black patients.

Tiffany T. Mayo, Valerie D. Callender,
The art of prevention: It’s too tight—Loosen up and let your hair down,
International Journal of Women's Dermatology,
Volume 7, Issue 2 2021,
Hot combing

• Coat the hair with a lubricating oil or grease
• Comb the hair in sections with a very hot metal comb heated to 300-500 degrees Fahrenheit
• Reversible
• Although less popular today, some black women still use this thermal technique as an alternative method to chemical relaxing.

• Modifications
  • Use lower temperatures
  • Use less frequently—no more than every 2 weeks
  • Consider use of topical steroid at the time of styling
Flat iron
Heat straightening

• Use heat no more than once weekly
• Consider vehicle for topical steroids in these patients (oil vs ointment >> solution, gel, cream)
Relaxers aka Perms

- Developed in the 1960s.
- Two major chemical agents: sodium hydroxide in lye relaxers, and guanidine hydroxide in no lye relaxers.
- Irreversible
- Typically repeated every 6-12 weeks to straighten “new growth”
“New growth”
Retouch/Touch-up

- Reduce frequency of touch ups (10-12 weeks)
- Minimize heat to no more than once weekly
- Consider use of topical steroid at the time of styling
Braids
Cornrows
Signs that braids are too tight

- Pain—de-normalize pain with styling
- Tenting/pulling
- Folliculitis

Alessandra Haskin, Crystal Aguh,
All hairstyles are not created equal: What the dermatologist needs to know about black hairstyling practices and the risk of traction alopecia (TA),
https://doi.org/10.1016/j.jaad.2016.02.1162.
Dermoscopy Findings

- **Flambeau sign** (white tracks resembling a torch in the direction of hair pull) and hair casts (cylindrical casts encircling the proximal hair shaft)
Sew-in/Glue-in Weaves
Sew-in Weaves

YouTube: the brilliant beauty
Crotchet-the imitator
Locs aka dreadlocks
Avoid updos or elaborate styling
Wigs

• Avoid glued on wigs (lacefronts)
• Loosen the application of braids, especially around the hairline
• Leave braided styles in the hair for no longer than 2 mo
• Opt for larger diameter braids and dreadlocks
  • Retwist less frequently (no more than every 4-6 weeks)
  • Keep locs shorter
  • Monitor for signs of hair loss—(needing to combine locs, loss of locs)
• Hair extensions should only be used sparingly for short periods of time and immediately removed if they are causing pain or irritation
• When applying weaves, avoid using bonding glues; instead, opt for loosely sewn-in weaves
• Take breaks between wearing braided and/or sewn-in styles
• Alternate hairstyles when possible; avoid frequently styling the hair in “up-dos”
• Give potent topical steroid to use at time of service (consider vehicle—ointments may cause build up in locs)
• Transition from chemically/heat treated hairstyles to natural hairstyling
• “Big chop”—cutting off all chemically treated hair
• Protective styling (eg, braids, weaves, extensions) or simply growing out the chemically treated hair
Management of CCCA

- Recommend modified hair care behaviors (be realistic about expectations)
- Topical steroids (Class I 2-3 times per week, long term)
- Antifungal shampoos
- Intralesional kenalog injections (5-10 mg/cc, q4-8 weeks for at least 6 sessions)
- Oral tetracyclines (Doxycycline>>minocycline 100 mg PO qday or bid)
- Hydroxychloroquine or other immunosuppressives
- Minoxidil (topical or oral)
- Camouflage (Topik, wigs)
- Hair Transplantation
- Topical Metformin 10%
Before/after