



ALOPECIA FRONTAL FIBROSANTE

Generalidades y aspectos terapéuticos

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Generalidades

- Tipo de alopecia cicatricial primaria adquirida.

Definición

Historia

- Descrito por Kossard en 1994.
- Aumento incidencia en últimos años.

- Recesión frontotemporal.
- Cambios "irreversibles"
- Dificultad tto.

Base

Factores epidemiológicos

Grupo

- Mujeres postmenopáusicas. (55-70 años).
- 3-5% casos son hombres.

Diferenciadores

- 80-90% blancas.
- Negras: 74% premenopáusicas.
- 5-8% historia familiar.

Asociaciones

- Enfermedad tiroides: 5-23%.
- AGA: 2-44%.
- LPP: 1-16%.
- MLP: 3-17%.

Etiología, genética y factores de riesgo.

Generales

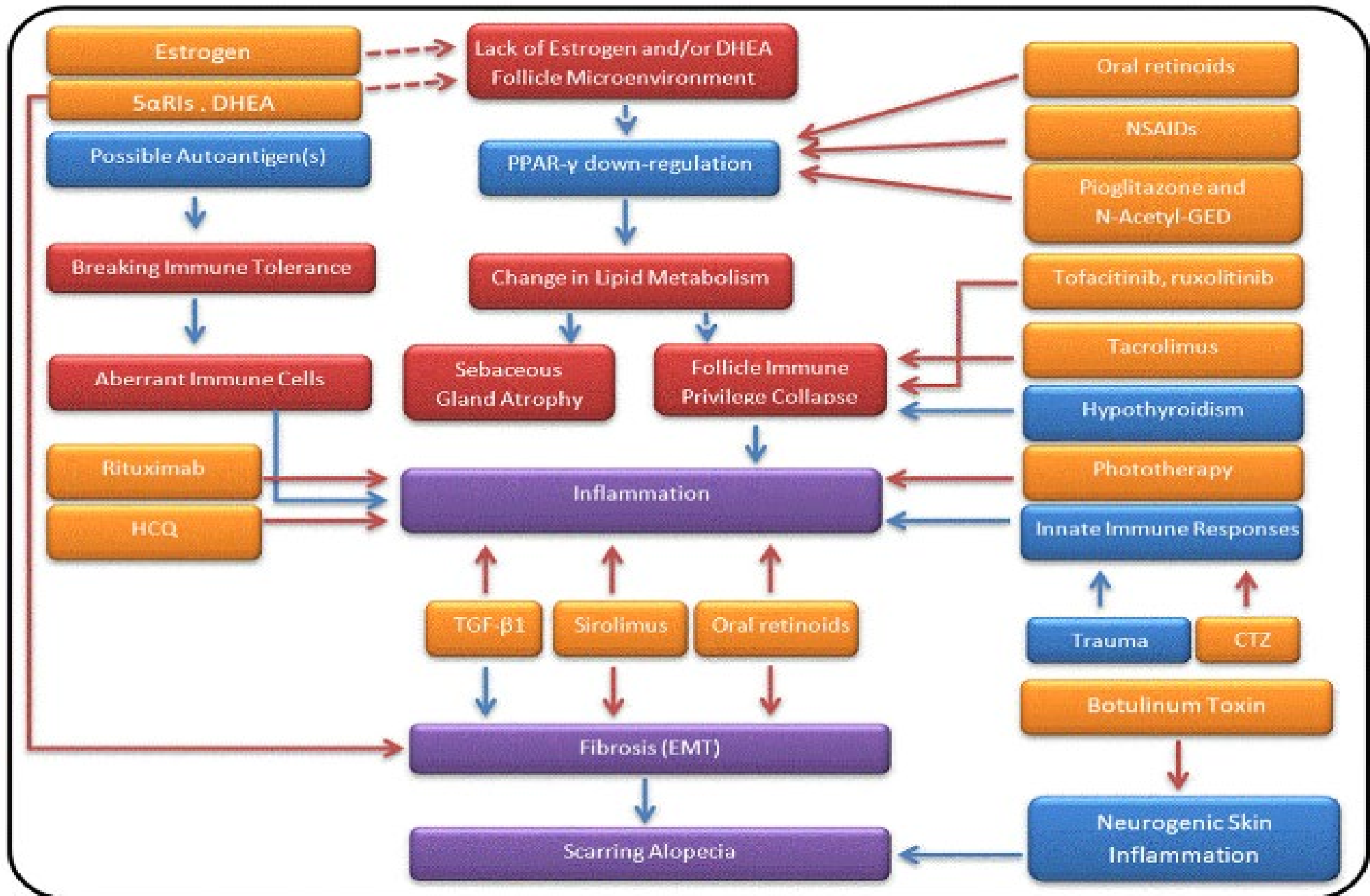
Menopausia temprana 14%.
11-13% histerectomía.
Deficiencia andrógenos 32%

Teoría genética?
HLS? Mendeliano?

Moleculares

Koebner?
Disminución CK15.
Aumento CMH I-II,
IFNY y B2MG.

Alteración en PPAR γ
TGF - β







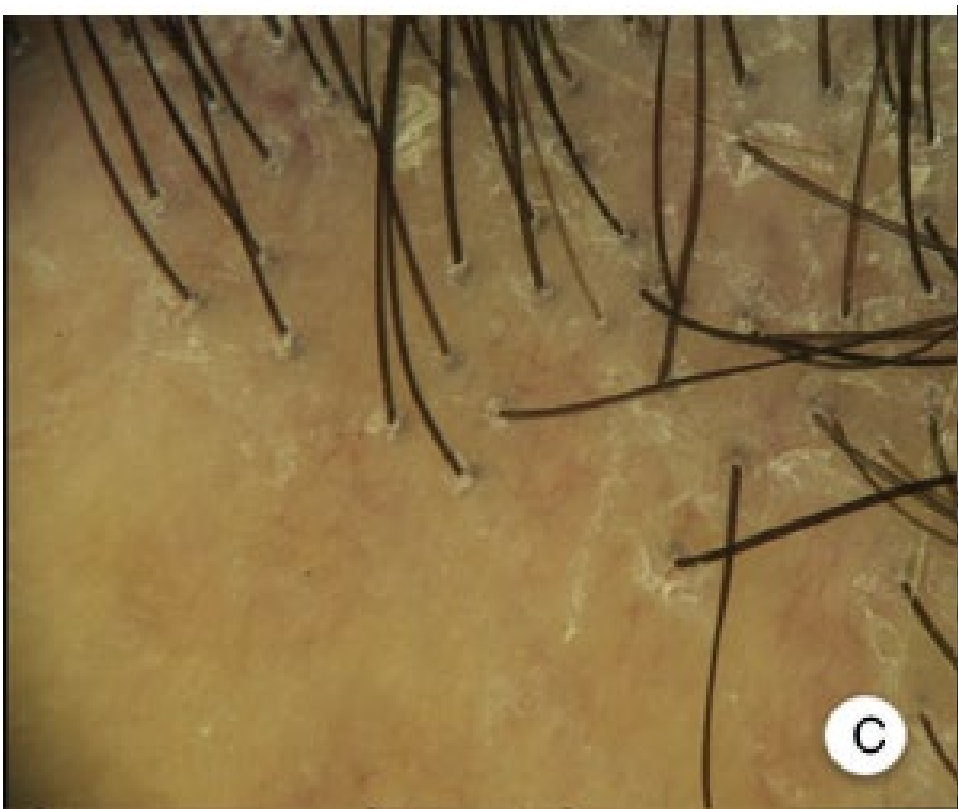








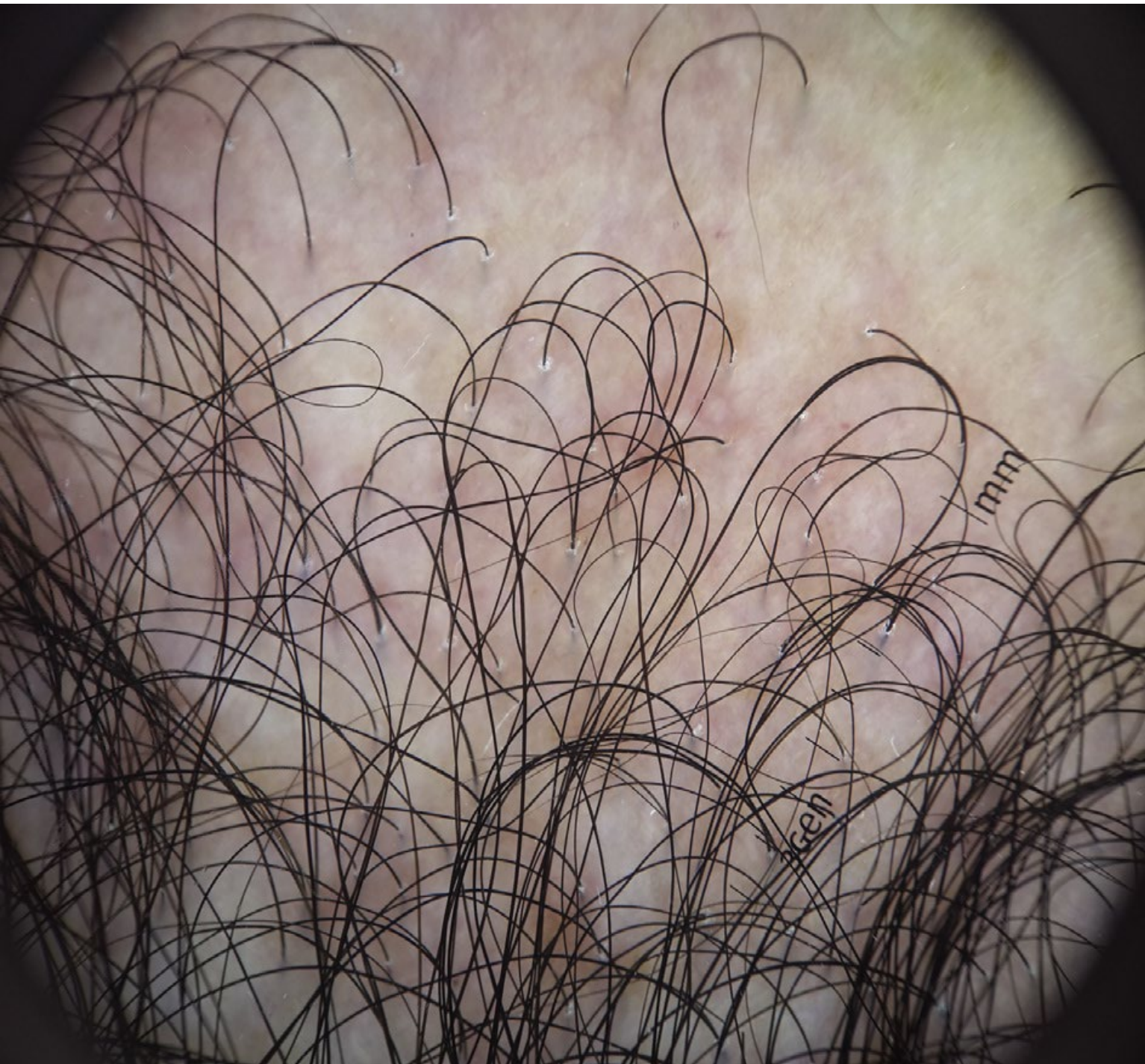




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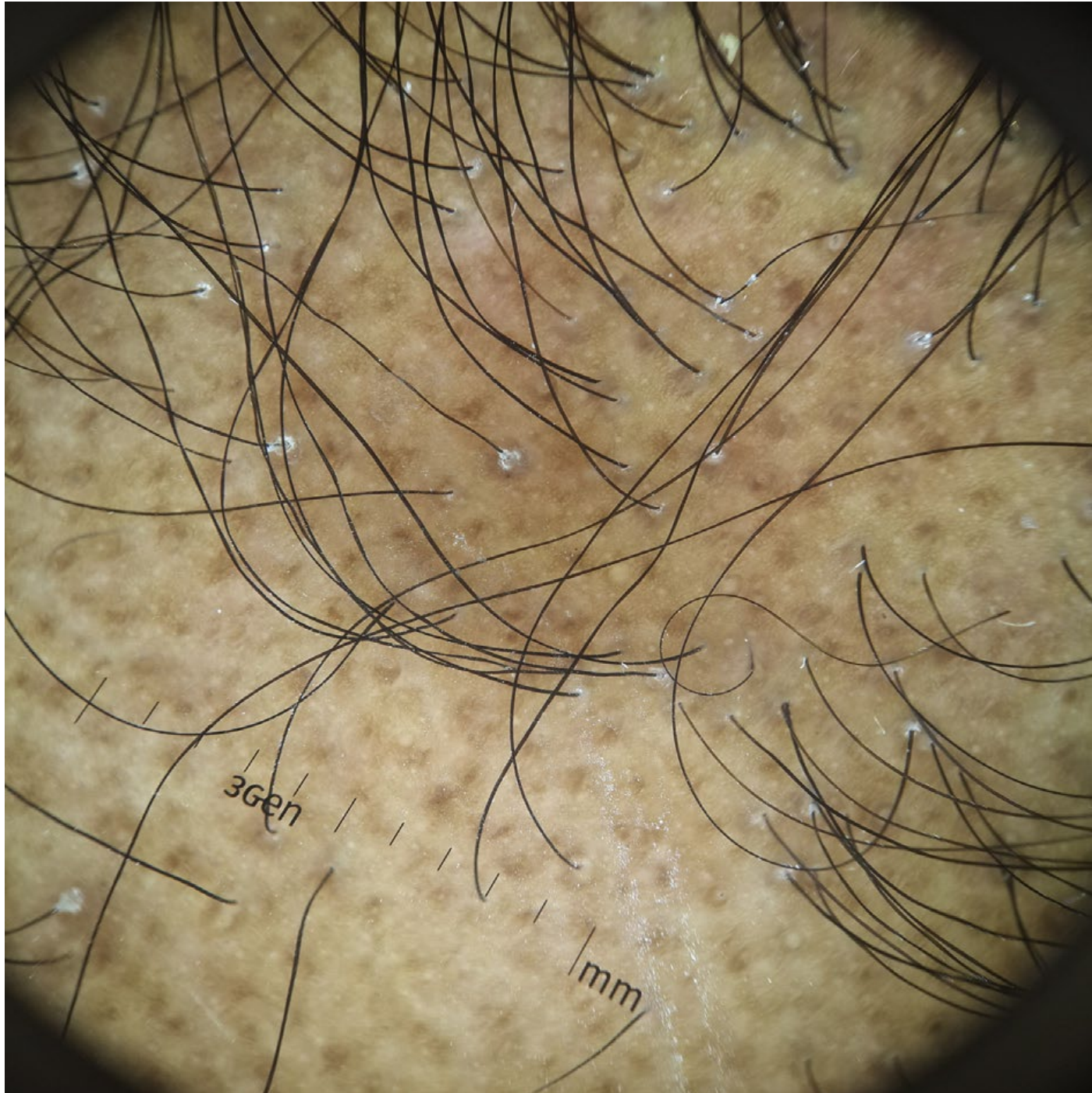


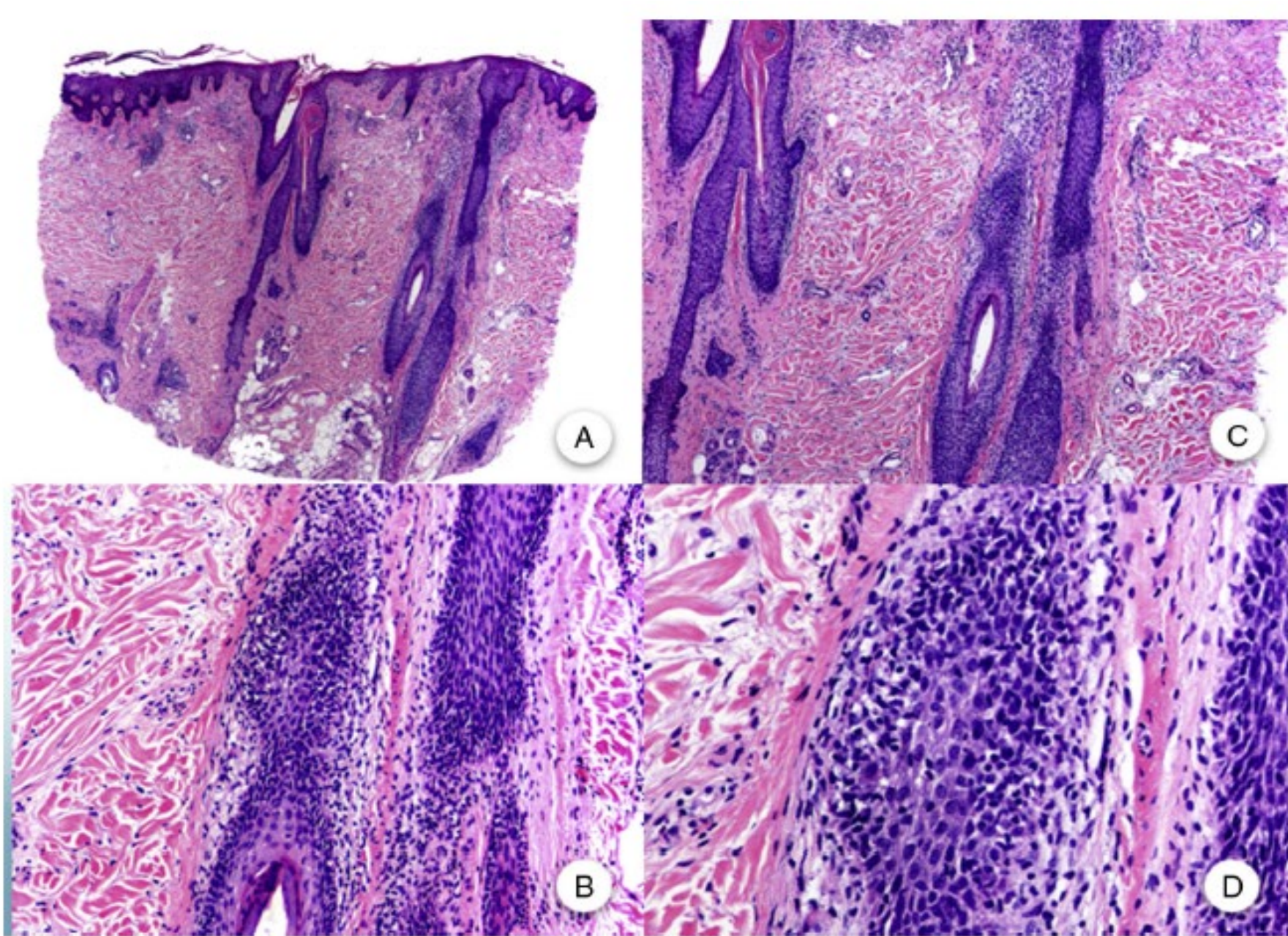
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1mm

1cm







ASPECTOS TERAPÉUTICOS

Escala de severidad

Table 2. Frontal Fibrosing Alopecia Scale of Severity.³

Grade of Severity	Distance From Receding Hairline to Original Noncicatricial Hairline, cm
I	<1
II	1-2.99
III	3-4.99
IV	5-6.99
V	>7



TERAPIAS TÓPICAS

Primary agent	Study type	Patients, n	Treatment regimen	Duration	Response
No treatment	Retrospective cohort study ³⁰	6	None	-	86% (6/7) Stable at 2-yr follow-up
	Retrospective cohort study ⁵	1	None	-	No improvement at 2-yr follow-up
Topical agents					53% (35/66)
Topical steroids	Retrospective cohort study ⁹	9	Topical moderate potency steroids	-	No improvement
	Retrospective cohort study ⁷	1	Topical steroids	-	Stabilized
	Retrospective cohort study ²²	48	Clobetasol propionate or betamethasone valerate tiw, pimecrolimus 1% cream tiw	20 mon	Improvement in 39.6% (19/48), stabilized in 25% (12/48), no improvement in 22.9% (11/48)
	Retrospective cohort study ³⁰	6	Topical clobetasol 0.05% solution daily	6 mon	Stabilized in 50% (3/6) at 2-yr follow-up

Tacrolimus

Treatment	Study	No. of patients	Results
Topical calcineurin inhibitors	MacDonald et al ¹¹ (2012)	22	Uncertain

Minoxidil 2%

Topical minoxidil	Cranwell et al ³¹ (2017)	1	Stabilization: 1	+ Dutasteride + Intralesional steroids
	Tan and Messenger ⁹ (2009)	2	Stabilization: 2	
	Tosti et al ⁷² (2005)	8	Arrest of disease progression: 4 (50%)	

- No hay datos claros.
- Limitación por ausencia de monoterapia.

Esteroides intralesionales

Intralesional steroids	Banka et al ¹⁰ (2014)	57	Stabilization + reduction in symptoms: 55 (97%)	+ Topical clobetasol propionate 0.05%
	Moreno-Ramirez et al ⁸ (2005)	15	Stabilization: 14 (93%)	Dosage: 20 mg/mL every 3 months
	Vañó-Galván et al ² (2014)	130	Improvement: 44 (34%) Stabilization: 64 (49%) Worsening: 6 (5%)	Mean of 8 injections per patient One injection every 3–6 months
	Donovan et al ³⁰ (2015)	11	Complete response with hair regrowth in 10 patients at 3 and 6 month follow-up.	10 mg/mL

- Mayor efectividad en cejas.
- Lograr estabilización en cuero cabelludo.
- Mejoría de síntomas.

Otras terapias

Imiquimod	Retrospective cohort study ²⁵	1	Imiquimod, class I steroid	40 mon	Improvement (nonspecific)
Interferon α -2b	Retrospective	1	Interferon α -2b	2 mon	No improvement 100% (1/1)
Sunscreen cessation	Case report ^{3,4}	1	Sunscreen cessation, dobetasol, intralesional TAC 5 mg/mL, dutasteride 0.1 mg/d, cyclosporine 25 mg/d	6 mon	Regrowth

- Sin mejoría clara.



TERAPIAS SISTÉMICAS

Inhibidores de 5- α -Reductasa

Study design	No. of patients	Medication and course of treatment	Treatment response	Miscellaneous	Outcome from ACP grading
1) Single-centre, observational study. [Moreno-Arrones et al: J Eur Acad Dermatol Venereol. 2017.]	<ul style="list-style-type: none"> 106 women Mean age 62.2 years (range 33-87) Follow-up period: 1 year 	<ul style="list-style-type: none"> Dutasteride 0.5mg three times weekly. Topical clobetasol propionate (0.05%) twice weekly 	<ul style="list-style-type: none"> Stabilised disease in 39 patients (37.3%). The remaining patients had monthly recession on the frontal (0.6mm) and temporal (0.3mm) areas. No regrowth of hair reported. 	N/A	Grade 2
2) Case report. [Cranwell et al: Australas J Dermatol 2016.]	<ul style="list-style-type: none"> One premenopausal woman, familial variant. 	<ul style="list-style-type: none"> Dutasteride 0.5mg daily and Minoxidil 1mg daily for 3 years. 	<ul style="list-style-type: none"> Stabilised disease. No regrowth of hair reported. 	<ul style="list-style-type: none"> Patient also on MTX and HCQ for rheumatoid arthritis. 	Grade 4
3) Case report. [Donovan JC: JAAD Case Rep 2015.]	<ul style="list-style-type: none"> One post-menopausal woman. 	<ul style="list-style-type: none"> Finasteride 2.5mg daily for 1 year. 	<ul style="list-style-type: none"> Reduced redness and reversed skin atrophy. Hair regrowth on scalp reported. 	N/A	Grade 4
4) Multicentre observational study. [Vano-Galvan et al: J Am Acad Dermatol. 2014.]	<ul style="list-style-type: none"> 18 patients of dutasteride. 102 patients on finasteride. Follow-up period: 2.1 years (range 0.4-19 years) 	<ul style="list-style-type: none"> Dutasteride 0.5mg once weekly. Finasteride 2.5-5mg daily. 	<ul style="list-style-type: none"> Dutasteride: Disease improved in 8(44.4%) patients and stabilized in 10(55.6%) patients. (single and combination therapy) Finasteride: Disease improved in 48(47%) patients and stabilized in 54(52.9%) patients. (single and combination therapy) Patients on monotherapy: stabilization reported in 19(67.9%) patients. Minimal hair regrowth reported around hairline in 9(32.1%) patients. 	<ul style="list-style-type: none"> AGA was absent in 30(27%) patients. SARI was used as monotherapy in 10(33%) of these patients with good response. 	Grade 2
5) Case series. [Ladizinski et al: J Am Acad Dermatol 2013.]	<ul style="list-style-type: none"> 10 patients on dutasteride, 5 patients on monotherapy. 3 patients on finasteride, 1 patient on monotherapy. 	<ul style="list-style-type: none"> Dutasteride 0.5mg daily. Mean duration of 30 months (15-44 mths) Finasteride 2.5mg daily Mean duration of 10 months (3-20 mths) 	<ul style="list-style-type: none"> Dutasteride: Disease stabilised in 4(40%) patients on monotherapy, 3(30%) patients on combination therapy. Finasteride: Disease stabilised in 1(33%) patients who was on monotherapy. No regrowth of hair reported. 	N/A	Grade 3

Retinoides sistémicos

Systemic retinoids	Retrospective cohort study ²⁹	29	Isotretinoin 20 mg/d	12-16 mon	Stabilized after 12 mon in 79% (23/29)
		11	Acitretin 20 mg/d	12-16 mon	Stabilized after 12 mon in 73% (8/11)
	Retrospective cohort study ⁹	1	Isotretinoin 50 mg/d	2 mon	No improvement
	Retrospective cohort study ²⁵	1	Acitretin	4 mon	No improvement
		1	Acitretin, finasteride 1-2.5 mg/d, topical imiquimod	20 mon	No improvement

Tetraciclinas

Oral tetracyclines	Ladizinski et al ⁴ (2013)	3	Stabilization: 2	Doxycycline + Dutasteride
	Samrao et al ¹² (2010)	4	At 6-month follow-up: response: 1 Partial response: 1 No response: 2	Doxycycline
	Banka et al ¹⁰ (2014)	13	Stabilization: 13 (100%)	Doxycycline 100 mg twice daily or tetracycline 500 mg twice daily

- Lograr estabilización.
- No se ha logrado establecer dosis.
- Efectos adversos pueden limitar su uso.
- No monoterapia.
- Banka: más esteroides intralesionales.

Agentes inmunosupresores

Immunosuppressants					33% (4/12)
Systemic steroids	Retrospective cohort study ⁹	4	Prednisone 25-50 mg/d	1 mon	Temporarily slowed rapid hair loss in 50% (2/4)
	Retrospective cohort study ¹⁴	3	Intramuscular TAC 40 mg q3w, topical minoxidil	-	Slowly progressive
	Retrospective cohort study ³⁰	1	Methylprednisolone 16 mg/d	1 mon	Stable
Methotrexate	Retrospective cohort study ²⁵	2	Methotrexate 15-25 mg/wk	13-19 mon	Stabilized in 50% (1/2)
		1	Methotrexate 15-25 mg/wk, finasteride 1-2.5 mg/d	16 mon	No improvement
Azathioprine	Retrospective cohort study ²⁵	1	Azathioprine	4 mon	No improvement

Hidroxicloroquina

Anti-inflammatory HCQ	Retrospective cohort study ²⁵	2	HCQ 400 mg/d	10-42 mon	69% (45/65) Stabilized
		1	HCQ 400 mg/d, tacrolimus, class I steroid	18 mon	No improvement
		1	HCQ 400 mg/d, class I steroid	7 mon	No improvement
	Retrospective cohort study ²⁴	54	HCQ 200-400 mg/d with nonspecific therapies	-	Regrowth in 15% (8/54), stabilized in 59% (32/54), no improvement in 22% (12/54), results unavailable in 4% (2/54)
	Retrospective cohort study ⁷	1	HCQ, clobetasol	1 yr	Stabilized
		1	HCQ, intralesional TAC	-	No improvement

Otras terapias

PPAR- γ agonist					60% (3/5)
Pioglitazone	Retrospective cohort study ³¹	4	Pioglitazone 15 mg/d	10 mon	Regrowth in 75% (3/4)
	Retrospective cohort study ²⁵	1	Pioglitazone	8 mon	No improvement
Griseofulvin	Retrospective cohort study ⁹	1	Griseofulvin 330 mg/d	1 mon	No improvement
Naltrexone	Retrospective cohort study ³³	1	Naltrexone 3 mg/d, pioglitazone 15 mg/d, finasteride 5 mg/d, doxycycline 100 mg bid	1 mon	Stable



INTERVENCIONES

Excimer

Excimer laser	Navarini et al ⁷⁴ (2011)	13 with LPP	Significant reduction in clinical signs of inflammation	Frequency: twice/week Cumulative mean dosage: 4300 mj/cm Average of 10 excimer laser treatments
	Vavricka et al ⁷⁵ (2006)	13 with LPP	Positive response in all 3 patients—2 with hair growth and 1 with decreased pruritis	

- Terapia prometedora.
- Corta evidencia.
- No RCT.

Trasplante capilar

Outcomes of Hair Transplantation in 15 Patients with FFA or LPP.

	Positive Outcome <i>n</i> (%)	Negative Outcome <i>n</i> (%)	
Total	7 (47%)	8 (53%)	
Frontal Fibrosing Alopecia	2 (29%)	5 (71%)	<i>P</i> = .132



COMPROMISO CEJAS

Primary agent	Study type	Patients, n	Treatment regimen	Duration, mon	Outcomes
Topical steroids	Retrospective cohort study ²²	48	Clobetasol propionate or betamethasone valerate tid, pimecrolimus 1% cream tid	20	Symptoms: resolved pruritis in 44% (11/25), improvement of trichodynia in 33% (1/3)
Intralesional steroids	Retrospective cohort study ²³	11	Intralesional triamcinolone acetonide 10 mg/mL x 0.125 mL/eyebrow, systemic therapy	1-72	Eyebrow regrowth in 91% (10/11) after 3-6 mon
HCQ	Retrospective cohort study ⁶	16	HCQ	12	LPPAI at 6 mon: 27% (4/15) responders, 47% (7/15) partial responders, 27% (4/15) nonresponders; LPPAI at 12 mon: 56% (5/9) responders, 33% (3/9) partial responders, <25% reduction in 11% (1/9) nonresponders
HCQ	Retrospective cohort study ²⁰	7	HCQ 200 mg bid	12	LPPAI at 6 mon: 14% (1/7) responders, 57% (5/7) partial responders, 29% (2/7) nonresponders; LPPAI at 12 mon: 57% (4/7) responders, 29% (2/7) partial responders, 14% (1/7) nonresponders

Doxycycline	Retrospective cohort study ⁶	4	Doxycycline	18	LPPAI at 6 mon: 25% (1/4) responders, 25% (1/4) partial responders, 50% (2/4) nonresponders; LPPAI at 12 mon: 33% (1/3) responders, 33% (1/3) partial responders, 33% (1/3) nonresponders
Finasteride	Case report ²⁶	1	Finasteride 2.5 mg/d	3	Signs: reduction in redness, reversal of skin atrophy
Dutasteride	Prospective cohort study ²⁷	13	Dutasteride 0.5 mg/d	12	Eyebrows regrowth in 71% (5/7)
Dutasteride	Case report ²⁸	1	Dutasteride 0.5 mg/d, pimecrolimus 1% cream bid	6	Eyebrows restored; axillae regrowth
Mycophenolate mofetil	Retrospective cohort study ⁶	5	Mycophenolate mofetil	6	LPPAI at 6 mon: 20% (1/5) responders, 40% (2/5) partial responders, 40% (2/5) nonresponders; LPPAI at 12 mon: 100% (1/1) nonresponders



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