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FRONTAL FIBROSING ALOPECIA



Typical appearance of FFA

What is frontal fibrosing alopecia?

- This is a type of scarring hair loss condition.
- The hair loss in the bald areas is permanent

Who gets frontal fibrosing alopecia?

- 86 % of patients are post menopausal women.
- However, premenopausal women and rarely men can be affected.

What are the symptoms of frontal fibrosing alopecia?

- In general patients with frontal fibrosing alopecia may have itching of the scalp along the frontal hairline
- They may also have burning, pain and tenderness in the scalp.
- Some patients note that the scalp is tender when the hairs are moved.
- There may be redness in the scalp and some scale.

How does the doctor arrive at the diagnosis of frontal fibrosing alopecia?

- Several features lead to this diagnosis, including areas of scarring hair loss, some redness and scale around the hair follicles, and findings on the biopsy showing inflammation, loss of the fat glands and scarring around the hair follicles

How is frontal fibrosing alopecia treated?

- The goal of treatment is to stop the disease.
- Hair regrowth in the bald areas is not possible in most cases. Even with treatment, some cases to spread, albeit very slowly.

Treatments

- Pills may be used such as finasteride, dutasteride, Doxycycline, Plaquenil, Isotretinoin (Accutane), Mycophenolate mofetil.
- Be sure to speak to Dr. Donovan about which if any could be helpful.
- Injection of steroids may be advised for many patients
- Use of topical medicines you apply yourself at home may also be advised (Clobetasol, Protopic, Clobex, Elidel, Fluocinonide)
- Sometimes, hair transplantation can be performed if the disease become quiet and stays quiet

How long will I be on these treatments?

- Your disease will be carefully monitored. Many patients are on treatment for many years.
- If the disease does not appear to be spreading, the doses of medications will be reduced and possibly stopped.
- However, if there is any evidence the disease is increasing, increased doses or even new medications may be prescribed.

Dr. DONOVAN – 8 ARTICLES ON FFA

ARTICLE 1 : ATROPHY IN FFA

Atrophy in FFA is often from the disease itself

A common concern from patients with FFA is that their steroids caused atrophy. By atrophy we mean thinning of the skin. Patients with atrophy have thin skin, visible veins. In FFA atrophy leads to blue veins becoming easy to see throughout the frontal scalp and especially at the temples. Patients want new options for treating the disease because they are worried about the atrophy.

FFA Causes Atrophy

There is one assumption that is often wrong here - and that is that steroids are the sole cause of atrophy in FFA. MOST of the time the steroids are not the main cause of the atrophy ! It is very important to keep in mind that the disease itself causes atrophy and visible veins. It is certainly very true that the steroids can cause atrophy too. But FFA itself is usually the leading cause of atrophy in patients with FFA. Many many patients with FFA who have never used steroids can have atrophy - some severe. In fact, severe atrophy is one of the so called poor prognosis signs in FFA.

Treatment Considerations for Patients with Marked Atrophy

When patients show a considerable amount of atrophy, I usually try to limit this by using non steroids instead of steroid. Non steroids such as pimecrolimus (Elidel) and tacrolimus (Protopic) do not cause atrophy. They seem equivalent although no comparison studies have been done. My previous research has also shown that finasteride and dutasteride may actually reverse atrophy in a proportion of patients.

ARTICLE 2: Other than the Front, What is Affected?



Frontal fibrosing alopecia (FFA) is a scarring alopecia that affect women to a much greater extent than men. In FFA the frontal scalp is typically affected. However, the name does not capture the full extent of the hair loss. Patients with FFA frequently develop hair loss around the back of the scalp (behind the ears and very back above the neck), and frequently in the middle of the scalp as well. Eyebrows, eyelashes, arm hair, leg hair, underarm hair and pubic hair are frequently affected.

ARTICLE 3: MINOXIDIL FOR FFA

I frequently get asked whether minoxidil has any benefit in treating frontal fibrosing alopecia (FFA). It seems that it could provide some benefit but it's not completely clear yet if it is truly helping the patient's FFA or their underlying androgenetic alopecia that many patients with FFA also have. Large scale studies are needed.

I generally add minoxidil once I have some evidence that a patient is stabilizing with their main anti-inflammatory treatment. This typically includes one or more of topical steroids, steroid injections, doxycycline, hydroxychloroquine and anti-androgens such as finasteride or dutasteride.

It's interesting that 32 % of patients in one study had an improvement in their FFA with use of anti-androgens. When one looks at a larger group of 111 FFA patients of which 74.8 % were using minoxidil, one notes that 47 % of patients had an improvement with anti-androgens. So it does seem that patients using minoxidil had better outcomes. There is at least some suggestion here that minoxidil might help.

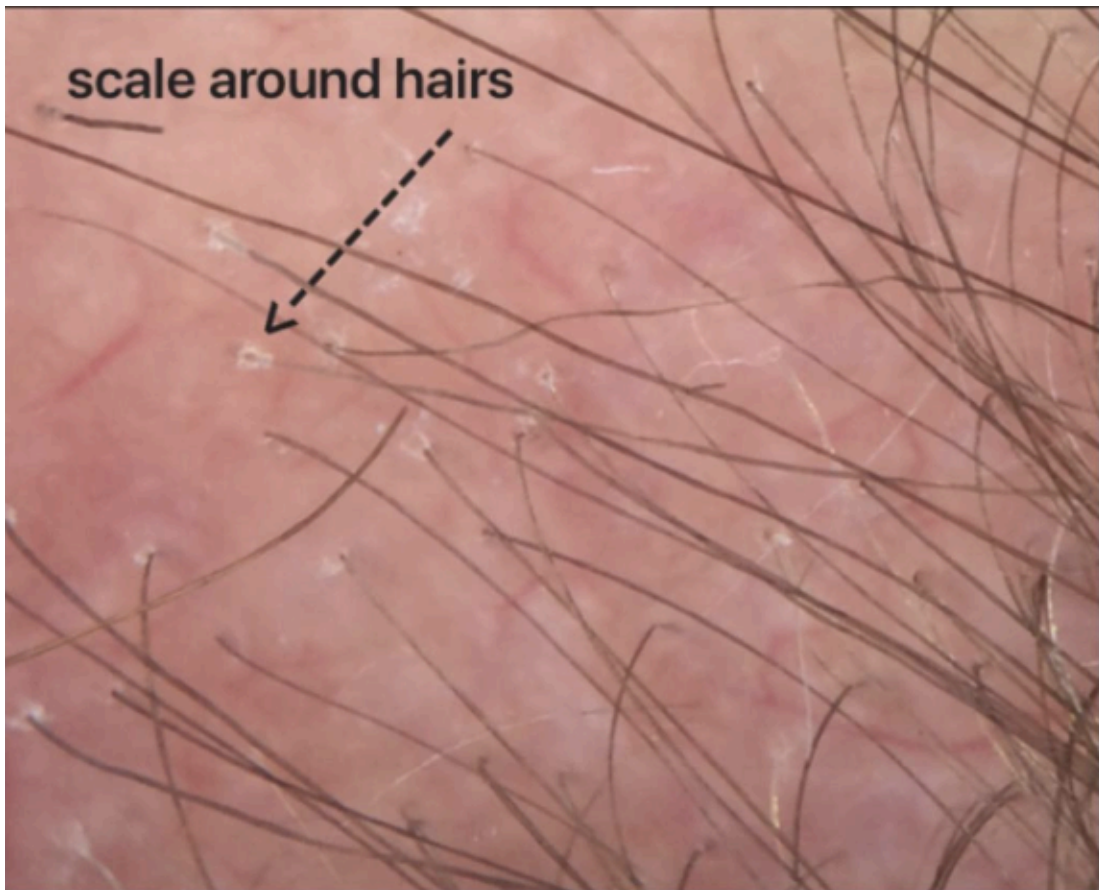
Conclusion

Up to 40 % of patients with FFA have androgenetic alopecia so it's difficult sometimes to decipher whether minoxidil is truly helping the patient's FFA or whether it is helping their underlying androgenetic alopecia. More good studies are needed.

Reference

Vano-Galvan S et al. Frontal fibrosing alopecia: a multicentre review of 355 patients. *J Am Acad Dermatol* 2014; 70: 670-678

ARTICLE 4: FFA



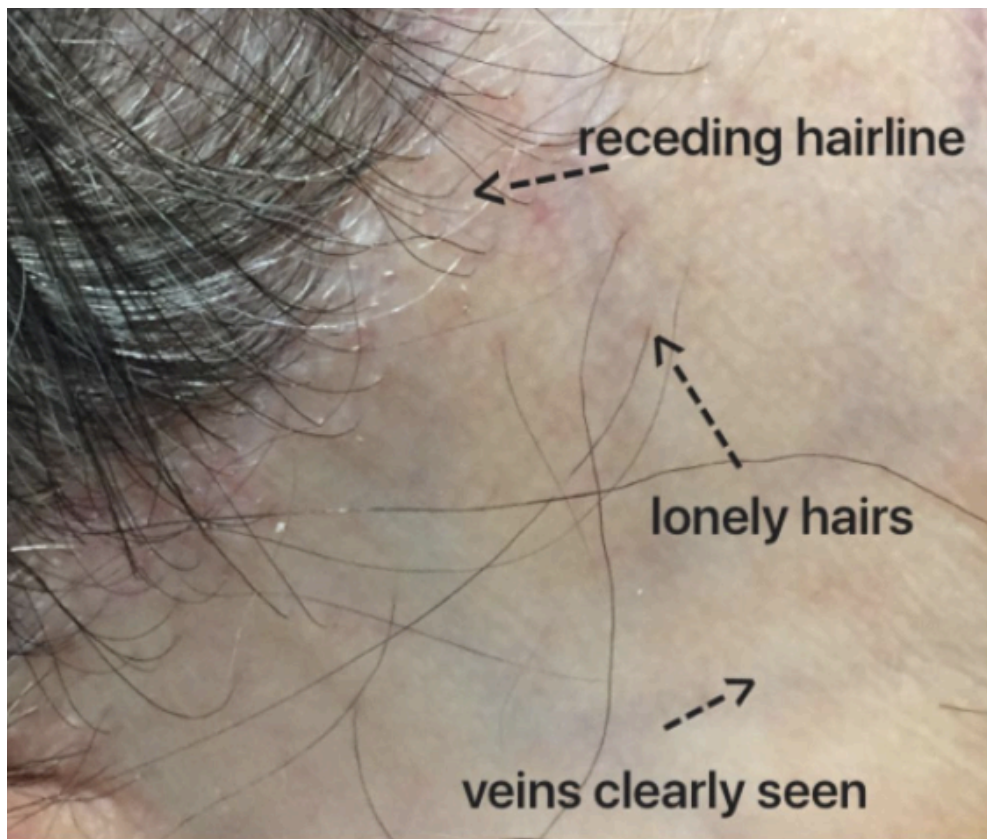
Frontal fibrosing alopecia (FFA) is a type of scarring hair loss that occurs more often in women than men. It causes hair loss along the frontal hairline as well as several other areas including the sides and back of scalp, eyebrows, eyelashes, and body hair.

This picture shows a very typical appearance of the frontal scalp in FFA. There

are numerous single hairs, many with scale around those hairs (called perifollicular scaling). A few broken hairs are seen and one hair in the picture is markedly twisted (a phenomenon known as "pili torti"). This is mild scalp redness.

Many treatments are available as we have reviewed together previously. This patient was started on a 5 alpha reductase inhibitor (finasteride, 5 mg) along with pimecrolimus cream (Elidel) and steroid injections. Clobetasol propionate shampoo (Clobex) will be used weekly and reassessment will be done in 4-6 months.

ARTICLE 5: FRONTAL FIBROSING ALOPECIA



Frontal fibrosing alopecia (FFA) is a type of "scarring alopecia" that affects women. There is permanent hair loss along the frontal hairline. Other areas of hair loss include the top or back of the scalp, eyebrows, eyelashes, eyebrows and body hair.

Examination of the scalp shows alterations in the frontal hairline. Scattered

isolated hairs are seen in the forehead and these are called "lonely hairs."
Thinning of the skin is common in FFA and leads to veins being easy to see.

The cause of FFA is not known although hormonal abnormalities may be present in some women with FFA. The 5 alpha reductase inhibitors appear to be the most effect treatment and are frequently used in combination with treatments such as topical steroids, steroid injections and oral doxycycline or hydroxychloroquine.

ARTICLE 6: Is my FFA Active?



Frontal fibrosing alopecia known as FFA is a type of scarring hair loss. Individuals most commonly affected are peri and post menopausal women.

Treatments are needed to help stop FFA. These treatments include topical

steroids, steroid injections, topical calcineurin inhibitors, finasteride/dutasteride, hydroxychloroquine, doxycycline, and mycophenolate mofetil.

There are many helpful things that clinicians look for when the scalp is examined in order to determine how active the condition is. Redness around the follicles (called perifollicular erythema) is one important criteria to look for, as redness around hairs signifies high disease activity.

In this picture, we see an individual with FFA with little to no redness around hairs. Is the disease quiet (inactive)? The ultimate test of whether FFA is quiet (or not) is determining whether hair loss is continuing. Pictures of the areas of hair loss taken one year apart is often helpful. If the photo looks identical, a patient's FFA is likely fairly quiet.

ARTICLE 7: REDNESS AROUND HAIRS IN FFA



Perifollicular Redness in FFA

Frontal fibrosing alopecia or "FFA" is a scarring alopecia (scarring the of hair loss condition) that most commonly develops in perimenopausal and post menopausal women.

It causes permanent hair loss. The condition usually has no symptoms - and many patients have no itching, burning or pain.

How do we know whether a given patient's FFA is active?

The best way to determine activity is with a photo. If a patient's photo changes over a period of monitoring (6 months or 12 months) the FFA is active definition. However, photographs don't capture subtle changes in activity.

Dermoscopy for FFA

To accomplish the goal of monitoring subtle changes at any given time, examination by "dermoscopy" is helpful. In this photo, slight redness around the hairs can be seen. We call this "perifollicular" erythema. (the word "peri" simply means "around").

In 2013, Spanish researchers Toledo- Pastrana and colleagues published an article in the International Journal of Trichology examining dematoscopic features of women with frontal fibrosing alopecia. Of 79 individuals were examined, 66 % showed perifollicular erythema. In those with active disease, perifollicular erythema was present in 95 % of patients.

CONCLUSION

Redness around hair follicles is an important sign to look for in FFA. It indicates disease activity and a high likelihood of further hair loss in the patient.

ARTICLE 8: Frontal Fibrosing Alopecia - Are other Autoimmune diseases present?

We have long known that patients with FFA have a greater risk of autoimmune thyroid disease. A new study raises the possibility that other autoimmune diseases might also be linked.

Dr Amy McMichael and colleagues recently published a report of a patient with FFA plus two other autoimmune conditions:

- Polymyalgia Rheumatica and
- Primary Biliary Cirrhosis

Whether these particular autoimmune diseases are truly increased in frequency in patients with FFA or if this was a coincidence in this patient remains to be determined in larger studies.

We need to be open to the possibility of other autoimmune diseases in patients with scarring alopecia, including FFA.

