

COMORBIDITIES, DEMOGRAPHIC AND CLINICAL FEATURES OF PATIENTS WITH ALOPECIA AREATA IN A DERMATOLOGY CENTER IN BOGOTÁ, COLOMBIA.

David Castillo-Molina, Jesus D. Fierro-Lozada, Maria Juliana Sanchez-Zapata, Winnie Joanne Celorio-Murillo, Ana Maria Garcia-Concha, Paula A. Chacon Jaramillo, Natalia Muñoz Angulo, David E. Castillo Saavedra

Fundación para la Investigación en Dermatología - FUNINDERMA

Authors have no relationships to disclose

Background

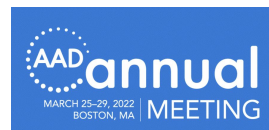
Alopecia Areata (AA) is a common, self-limiting disease characterized by non-scarring hair loss of the scalp and/or body. Environmental, genetic, immunological and metabolic factors play a significant role in AA pathogenesis. Prevalence may vary between 0.1-6.9%, with no predilection of age, gender or race. AA has a strong association with atopic diseases and other autoimmune disorders. Objectives: To describe demographic and clinical characteristics in patients with AA, and to describe the comorbidities in patients with AA in a dermatology center.

Materials and methods

This retrospective study included 258 patients. Variables included demographic data like age of onset, clinical characteristics and comorbidities. It was collected from medical records from 2018-2021. Data was analyzed using Microsoft Excel®.



Fundación para
la investigación
en Dermatología



COMORBIDITIES, DEMOGRAPHIC AND CLINICAL FEATURES OF PATIENTS WITH ALOPECIA AREATA IN A DERMATOLOGY CENTER IN BOGOTÁ, COLOMBIA.

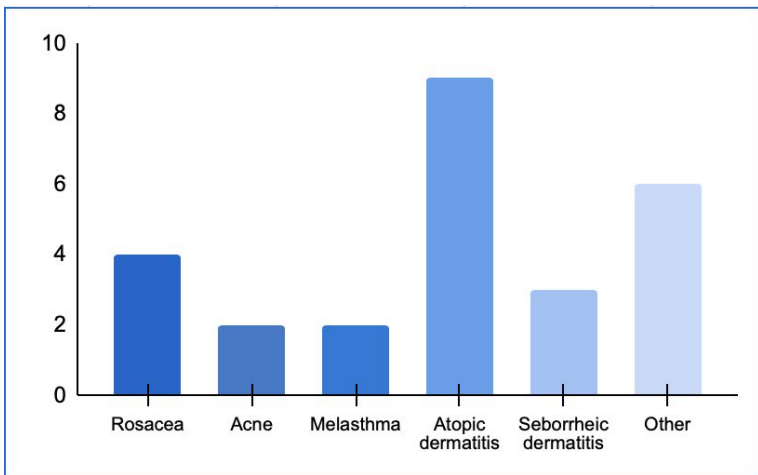


Figure 1. History of other dermatologic diseases

Results

Of 258, 60,40% were female (n=156). Mean age was 34,78 years. The mean progression time was 1,87 years, 81 patients (31.30%) were diagnosed between 3 and 6 months of lesion onset. The majority (n=238) had only one anatomical site affected. The 55.01% (n=142) had more than one plaque, being the scalp 93% (n=240), the beard 3.80% (n=10) and the eyebrows 2.70% (n=7) the most affected regions. Cardiovascular diseases were present in 14.30% (n=37), 13,90% (n=36) endocrinopathies, autoimmune disorders in 8,50% (n=22), and atopy in 14.06% patients. Other dermatoses were found in 10.07% (n=26).



Fundación para
la investigación
en Dermatología



COMORBIDITIES, DEMOGRAPHIC AND CLINICAL FEATURES OF PATIENTS WITH ALOPECIA AREATA IN A DERMATOLOGY CENTER IN BOGOTÁ, COLOMBIA.

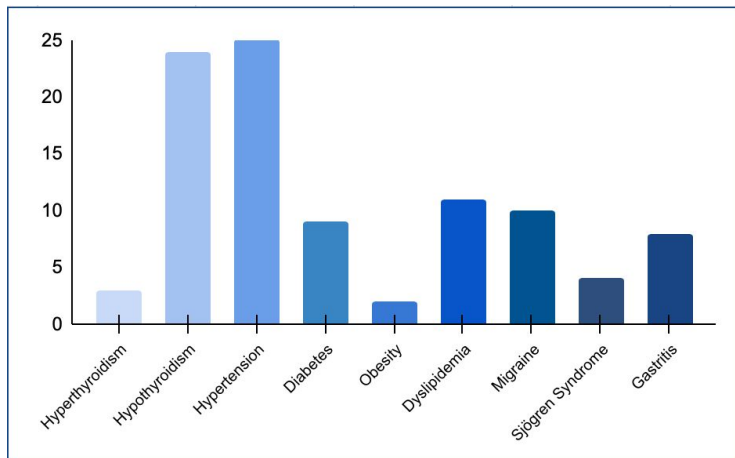


Figure 2. Personal history of other diseases

Conclusions

The majority of affected patients were female. More than one third of the patients had some type of associated comorbidity, although the diseases most frequently reported in the literature were not present in this population. Additionally, these comorbidities may support the role of chronic inflammation in the development of AA.



Fundación para
la investigación
en Dermatología



COMORBIDITIES, DEMOGRAPHIC AND CLINICAL FEATURES OF PATIENTS WITH ALOPECIA AREATA IN A DERMATOLOGY CENTER IN BOGOTÁ, COLOMBIA.

References

- Juárez-Rendón, K. J., Rivera Sánchez, G., Reyes-López, M. Á., García-Ortiz, J. E., Bocanegra-García, V., Guardiola-Avila, I., & Altamirano-García, M. L. (2017). Alopecia Areata. Current situation and perspectives. Alopecia areata. Actualidad y perspectivas. *Archivos argentinos de pediatría*, 115(6), e404–e411.
- Alshahrani, A. A., Al-Tuwaijri, R., Abuoliat, Z. A., Alyabsi, M., AlJasser, M. I., & Alkhodair, R. (2020). Prevalence and Clinical Characteristics of Alopecia Areata at a Tertiary Care Center in Saudi Arabia. *Dermatology research and practice*, 2020, 7194270.
- Harries, M., Macbeth, A., Holmes, S., Chiu, W., Gallardo, W., Nijher, M., de Lusignan, S., Tziotzios, C. and Messenger, A. (2021), The epidemiology of alopecia areata: a population-based cohort study in UK primary care. *British Journal of Dermatology*.



Fundación para
la investigación
en Dermatología

