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I was fortunate enough to be granted the BHNS fellowship to attend the First Barcelona Hair Meeting in Sitges, Spain this year. This three day conference hosted an abundance of respected international hair experts who shared their knowledge and expertise across a wide range of paediatric and adult trichological conditions. The Melia hotel hosted the event which was located a short walk from the beautiful city centre. A welcome evening on the first night provided a good opportunity to network with international attendees, listen to Spanish music played by a live band and sample some local food and drinks.

Hot topics included the use of JAK-inhibitors in alopecia areata and 5-alpha reductase inhibitors in frontal fibrosing alopecia.

The licencing of JAK-inhibitors in alopecia areata provides an exciting new treatment for patients¹. Key learning points from the conference were that a review of the data demonstrated that the higher dose of 4mg/day of Baracitinib provided more favourable results and that there are a cohort of late responders which maybe missed if the treatment is discarded too early. Discussions regarding the long-term picture for these patients were interesting. Overall, speakers highlighted that weaning the medication down to the lowest effective dose after hair re-growth was preferable, and that although relapses were common after stopping the treatment, once restarted; JAKs do seem to keep their efficacy.

The use of 5-alpha reductase inhibitors for frontal fibrosing alopecia was an interesting area discussed across many talks during the conference. Both Dr Jerry Shapiro (USA) and Sergio Vañó-Galván (Spain) use these drugs as part of their first line management for the condition (see references for their treatment algorithms^{2,3}). The mechanism in this context is not known to date but a recently described genetic association cytochrome P450 1B1 variants, which is involved in the metabolism of xenobiotic estrogens⁴ suggests that hormones play a relevant role in the development of FFA. 5ARIs may counteract these factors on androgen-dependent hair follicles of the frontal aspect of the scalp.

I presented two case-based posters at the conference. The first was a case of recurrent episodes of alopecia totalis, triggered by receiving the first COVID-19 vaccination with subsequent flares after each further vaccine. This patient had a history of rheumatoid arthritis, treated with azathioprine and etanercept. Discussion centred around the theory of molecular mimicry between the vaccine-induced protein of SARS-COV-2 and human components. The antibody-mediated response against viruses may cross-react with self-antigens and give rise to pathological autoantibodies. Adjuvants along with other vaccine agents may also have a role in the production of these autoantibodies in genetically susceptible individuals.

The second case was of a patient who underwent cosmetic hyaluronic acid dermal filler injections into the right temple. Acute vascular occlusion of the right superficial temporal artery ensued, resulting in cutaneous ischemia and necrosis of the right temporoparietal scalp and a mixed scarring and non-scarring alopecia. Discussion centred around the mechanisms of hair loss due to acute vascular occlusion including direct intravascular injection with or without embolization, external vascular compression, granulomatous foreign body reactions directly damaging hair follicles and migration of filler to scalp. Ischemia is likely to create a spontaneous shift in the hair cycle from anagen to telogen phase. We successfully managed the condition with a reducing course of oral prednisolone, clobetasol scalp application and hydroxychloroquine; the latter of which has not

previously been described in this context. The case report has recently been accepted for publication in *Clinical and Experimental Dermatology*.

I would like to thank the BHNS for awarding me this fellowship and thoroughly recommend members sign up for the next meeting in 2024!

References:

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