

WELCOME TO THE WINTER BHNS NEWSLETTER

A decade has gone, and a new year begins! A lot has happened this year and there are exciting new events to look forward to in the New Year.

Let me start with welcoming the new BNHS committee Yusur Nuaimi and Dhruv Laheru have taken on the mantle of Clinical Leads for Hair and Nails respectively, Rona Applewaite is our new SAS representative, these new members join Mathew Harries (Research lead), Jairabanu Kassim (Trainee representative) Jen Jones (Treasurer) Nekma Meah (secretary), Rose Wilmot (Admin) and myself to keep you all engaged and interested in BHNS! Watch out for communications from the team in future.

BHNS awarded travel fellowship to Nicola Salmon to attend the 11th World Congress of Hair Research in April in Barcelona and Dhruv Laheru to gain further knowledge on nails conditions, both have told us about their experience. The Alopecia UK Big weekend held in Bristol opened its doors to 340 delegates from right across the UK and further afield too from Ireland, Spain, Italy, Sweden and Greenland, details of the day are told to us by Maria Barfoot Hair Specialist Nurse. The second BHNS Nail Education day held in Cheltenham was a great success with international experts from US, Switzerland and India enlightening us with their experience Rose Wilmot has summarized the event and given helpful links to revisit some of the talks.

The BHNS grand round is gradually taking shape. Please continue to send in cases to Rose to be included in the grand round for the first Wednesday of the month. We have an excellent panel of experts for both Hair and Nails who combine their expertise and give you a best approach to management. The combined response is uploaded on the BHNS website within two weeks.

We have three interesting articles to ponder in this newsletter; Reflections on Hair Specialists (Ingrid Wilson), management of Telogen Effluvium expert consensus from India (Sonal Singh) and Cutis Vertices Gyrata (Greg Williams).

The next Specialist Interest group BHNS meeting [at BAD will take place on the 9th July 2020 in Manchester](#). The BHNS AGM will take place after the clinical meeting. Do attend this annual meeting to keep abreast of the events of BHNS and meet the committee. The [European Hair Research Society meeting is hosted by Andrew Messenger in Sheffield](#) in June 2020. Paul Farrant is organizing the pre-conference educational event. I would encourage maximum participation from all members to get the latest in all aspects of research available locally. The details for both meetings are enclosed. There will be more details on the European Nail Society to follow.

The BHNS website continues to improve. Both Yusur and Dhruv are working with Rose to get the website updated regularly. Do visit the website and let us know how to take this even further.

Last but not the least do encourage your colleagues, juniors to become part of this growing specialty and joining the BHNS.

Happy New year to all!
Anita Takwale (Chair, BHNS)



Updates

The nail interviews from our event in Cheltenham this year are all on the society's brand new YouTube channel. You can view them [here](#).

The BHNS now has a new Facebook page to replace the Facebook group. [You can follow it here](#).

Please also keep up to date by visiting the [BHNS website here](#).

Reflections on hair specialists' approach from primary care

What is a hair specialist? To the average person on the street they might think of a hairdresser with superb skills in hiding hair loss or a hair transplant surgeon. To British Hair and Nail Society members this might primarily mean a dermatologist specialising in hair loss. To trichologists this might mean someone who has skills in diagnosing hair loss conditions, advising on the optimum nutrition for hair and the best hair care practices. Cosmetic Scientists might disagree as they would see the advances in science relating to different hair types and the effects of products and treatments.

In reality, few people would think of their General Practitioner as a hair specialist, although GPs can be the first port of call for hair loss. My professional background is General Practice in the NHS in North West England. Sometimes I can go for weeks without seeing a patient with a hair or scalp problem to several times in the same day.

I think it is fair to say that GPs do not receive a great deal of training about hair loss conditions. This is evidenced by a King's Fund report which observes that "Dermatology has not been a compulsory part of the GP training, leaving many GPs lacking the necessary diagnostic skills to deal with what is a significant proportion of their workload¹. I can personally attest to that as I received one week's undergraduate dermatology training and subsequently increased my knowledge in this area through membership of the Primary Care Dermatology Society which was created to address this need for GPs with educational events and an informative website.

For hair this issue of lack of training for GPs is amplified. As people's expectations about skin, hair, and nail appearance rise,

¹ March 2014. How can dermatology services meet current and future patient needs while ensuring that quality of care is not compromised and that access is equitable across the UK?

it becomes more likely that people will seek the services of people who they perceive to be as experts who are not medically trained. My view is that dermatologists, hair transplant surgeons, GPs, cosmetic scientists, trichologists, scalp micropigmentation specialists, nutritionists, hairdressers and wig makers have important roles in managing hair loss. What works best is when each type of hair specialist understands the limits of their own field and has an awareness of what the other types of hair specialists do.

For me now with 7 years of experience as a medically qualified trichologist, the educational situation has improved for my needs compared to 10-20 years ago. Over the last year I have been pleased to attend several excellent educational events on the medical management of hair loss including the British Hair and Nail Society Event with the Centre for Evidence Based Dermatology, The British Association of Hair Restoration Surgeons event and the St Johns Dermacademy event on alopecia.

A decade ago I struggled to find courses for GPs on managing hair loss. So between 2010 and 2012 I completed a 2 year distance learning course on Trichology with The Institute of Trichologists. This was an interesting experience which improved my knowledge about diagnosing hair disorders, hair structure, hair nutrition, hair processing and trichological treatments and started me on the path towards setting up a hair loss clinic. All of the other students on the programme had hairdressing or wig-making backgrounds and I learned a great deal from them about their professions at our monthly sessions in Tooting, London.

There were some parallels with my experience of medical school in the early 1990s in that trichology students wore white coats as medical students and junior doctors of the time did – and that the profession had customs and practices that were based on experience rather than the

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more evidence based approach we have to medicine today.

Since completing the course I have working towards creating a clinic model which encompasses trichological practices, an awareness of what is happening in UK General Practice prescribing and investigations and an awareness of what dermatologists and other hair specialists can do. The world of hair is constantly evolving and it is exciting to be able to witness the new discoveries in a way that can translate into tangible help for patients with hair loss.

By Dr Ingrid Wilson

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Affiliate Trichologist Member of the British

Association of Hair Restoration Surgeons

Member of the Primary Care Dermatology Society

Fellow of the Faculty of Public Health.

Member of The Trichological Society



Telogen Effluvium- consensus article

Mysore et al have published an interesting article in the International journal of Trichology (may- June 2019) - *'Expert consensus on the management of Telogen Effluvium in India'*.

TE can be defined as excessive shedding of hair after 2-3 months of a triggering event. The condition is diffusive in nature, abrupt in onset, and rapid in progression; however, it is self-limiting and is characterized by premature termination of the anagen phase of the hair follicular cycle and predominance of the telogen phase. It is difficult to identify triggering factors in nearly one-third of the cases. Both genders can suffer from Telogen Effluvium if triggering factors are present.

This consensus paper was developed by taking into account opinions of renowned experts in the field in India and is hoped to serve as an evidence-based platform for selecting efficacious and safe therapy for patients with TE. This review presents a synopsis of the key opinions of experts on all aspects

of treatment and effective management of this condition.

Telogen hair shedding has been attributed to five functional alterations in the hair cycle, namely immediate anagen release, delayed anagen release, short anagen syndrome, immediate telogen release, and delayed telogen release.

The article discusses 11 consensus points to aid in management of Telogen Effluvium. Consensus key point 1 stresses the importance of a detailed history.

Consensus key point 2 details

- a. Clinical examination - examination of scalp, hair-pull test, trichoscopy, and hair combing test.
- b. Investigations- Complete blood count, Routine urine examination, Serum vitamin D and Thyroid function tests.

Advanced diagnostic tests include- Serum calcium to diagnose hypocalcemia, Vitamin B12, serum proteins to identify protein energy malnutrition, Serum zinc, Hormonal assays to distinguish between TE and androgenetic alopecia (AGA), Iron profile (total iron binding capacity and serum ferritin level), Serum anti-mullerian hormone and testosterone levels for mixed alopecia, Serum calcium, Anti-dsDNA antibodies when autoimmune diseases are suspected.

Consensus point 3- Patients should be asked to bring a collection of hair shed during the whole week, since most patients do not know that hair fall count of 100/day is normal. The panellists advocated use of modified Sinclair scale for quantitative estimation of hair loss, especially in females, and emphasized on checking every region of the scalp.

Consensus points 4 to 11 discuss management of Telogen Effluvium in detail- Patient Education, Role of Aminoacids, Topical Minoxidil only useful in chronic TE), Role of Shampoos and Hair oils, Nutritional supplements, Biotin, role of PRP (more useful in Androgenetic alopecia and sometimes in Chronic TE).

Consensus point 12 comments on patient counselling and dealing with Compliance issues in treatment. The publication could act as a potential aid in

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forming a protocol /flowchart in management of telogen Effluvium.

By Dr Sonal Singh
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Consultant Dermatologist
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Attending the 11th World Congress on Hair Research 2019

I was very fortunate to be awarded a travel fellowship by the British Hair and Nail Society, enabling me to attend the 11th World Congress on Hair Research. This was held in the picturesque, historic and sunny seaside town of Sitges in Spain from the 24th- 27th April 2019.



The conference attracted dermatologists, surgeons and researchers with an interest in hair from all around the world and provided an amazing opportunity to present our poster on an unusual case of a young man who developed frontal fibrosing alopecia following trauma. This turned out to be a very relevant, hot topic! The genetic predisposition has recently been discovered at four susceptibility loci including HLA-B 07:02, a finding presented at the meeting in a fantastic presentation by UK dermatologist Dr Christos Tziotziros but the environmental trigger remains uncertain. Perhaps the tides are turning on the theory of sunscreen allergy and new ideas, like the role of the oral contraceptive pill, are emerging.

The conference consisted of four days of excellent lectures by leading experts from all around the world. Particular highlights for me included:

Firstly, the discussion around the emerging use of JAK inhibitors in the treatment of alopecia areata. I was very interested to hear Dr Wilma Bergfeld share her ex-

perience of the treatment of severe alopecia areata with oral tofacitinib citrate. In her cohort 75% achieved some regrowth and very few had adverse reactions although monitoring is important as the known potential side effects include infection, malignancy and haematological sequelae and in addition, the high financial cost of this medication needs to be taken into consideration.

Secondly, learning about the use of Platelet Rich Plasma (PRP). Dr Jerry Shapiro spoke eloquently about his experience of using it in the treatment of alopecia areata. The evidence is limited in this area with just two studies that concluded it may help. Advantages include that you do not get the atrophy that can be associated with intralesional steroid injections.

Thirdly, trichoscopy practical tips. For example, applying dry dermoscopy first to look for peripilar casts (a sign of scarring alopecia) which disappear with interface solution, using dermoscopy to pick the biopsy site, using dermoscopy photos to explain the condition to the patient (such as photos showing miniaturisation in female pattern hair loss) and using dermoscopy to avoid common pitfalls (such as hair dye being mistaken for pigment or broken hairs). I feel certain my practice will change for the better with this practical knowledge.

In addition to the rich educational aspects, the conference offered the opportunity to meet colleagues from other centres internationally, hear how they run their hair clinics and glean helpful guidance on shaping a career in the management of hair disorders.

I am extremely grateful for the support from the BHNS that enabled me to attend such a high quality meeting. It was a genuine career shaping experience. I would strongly encourage other trainees to consider attending the next World Congress on Hair Research that is being organised by Dr Rod Sinclair which will take place in Melbourne, Australia in April 2021.

Dr Nicola Salmon
MBChB, MRCP.
Dermatology ST5 registrar

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Alopecia UK, Bristol

This article will provide a snippet of the amazing weekend organised and hosted by the Alopecia UK Charity on 28th/29th September 2019. A weekend designated and catered for individuals affected by Alopecia be it personally, a loved one or family member.

The 'main event' so to speak was the Saturday conference. This year over 340 people came together to make this happen; the biggest number to date! Numbers changed a bit on the day but there were at least 188 people to the event with alopecia, 122 of whom were attending an Alopecia UK event for the first time; 90 of these coming along on their own. The attendees came from right across the UK and further afield too from Ireland, Spain, Italy, Sweden and Greenland.

It was a day of timetabled and talks, workshops and focus groups. Professional speakers, members of Alopecia UK and those affected by Hair loss presented. Workshops were led by staff members from the Centre for Appearance Research. The Exhibition Hall was as busy and popular as ever with 16 different exhibitors covering wigs, hair systems, headwear, eyelashes, permanent make up, camouflage products and even Henna Crown demonstrations. Discussing their professional practice and treatment options, personal experiences and their hopes and dreams for the future.

Teontor Simakou a lead researcher in studying the effects of nanovibrational stimulation on immune cells gave an informed presentation on, the definition of alopecia areata (totalis / universalis) causes, triggers and the mechanism of disease. Dr Mathew Harries, Consultant Dermatologist followed this on with an overview of different treatment options both available on the National Health Service and The Private Sector.

Dr John Gray discussed the importance of trichology when diagnosing and managing hair loss conditions. He was passionate within his talk about early identification of the condition and education.

Alopecia is a term used for hair loss, Alopecia Areata is probably the one condition that people are more widely aware of. Dr Anita Takwale, identified this and felt it was important to inform

those attending the event that it was not the only type of hair loss. Lichenplopilaris, folliculitis decalvans and female pattern hair loss were briefly discussed and potential treatment options discussed. Dr Takwale gave an emotional presentation, and re-affirmed that hair is not 'just hair' and discussed the importance of managing each individuals expectations.

A heartfelt facilitated discussion with four people who suffer from Alopecia followed.

Harry Brunt , Naomi Hall , Jo Tucker and Nickky Odutayo. Their experiences often mimicked each other. Family support was paramount and hugely beneficial as a coping mechanism. Unfortunately the same issues arouse, poor education and slow identification of a potentially life changing condition. Lack of education, awareness of hairloss conditions and time were felt to be contributing factors. This was further explored and discussed by Nick Sharratt. The psychological impact of visible difference was discussed by Nick. Nick a research fellow at the centre for appearance and research (CAR) focusing on the role of appearance and body image in people's lives.

The final part of the day explored 'the Immunology of Alopecia', discussed by Professor Simon Milling, current UK research projects were highlighted by Dr Mathew Harries, and the plans for the future.

This day was hugely informative from start to finish, greatly received by the attendees, highlighting the need for more education, research and awareness, because it is not 'just hair'.

By Maria Barfoot,
Dermatology Hair Nurse Specialist,
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Cutis Verticis Gyrata – what else should you think about?

Cutis verticis gyrata (CVG) is likely to be seen periodically by any doctor who deals with scalps on a regular basis. It can be very mild or extremely severe as in the picture below.



Recently, the article '[Cutis verticis gyrata secondary to acute myelogenous leukemia](#)' was published in Clinical and Experimental Dermatology citing a case of rapid onset and progression of CVG. This reminds us that taking a detailed history of the presenting complaint is always important when seeing patients and should be done before examining them. It might have been easy to see this patient and make the overt diagnosis without considering the possible associated conditions. The rapid onset is a giveaway that a sinister aetiology was present.

CVG has been classified as primary and secondary with a subsequent sub-classification of the former into primary essential and primary non-essential. Primary essential is where no other abnormality was found and is apparently rare. Primary nonessential can be associated with mental deficiency, cerebral palsy, epilepsy, schizophrenia, cranial abnormalities (microcephaly), deafness, ophthalmologic abnormalities (cataract, strabismus, blindness, retinitis pigmentosa), or a combination of these. Depending on the age of presentation with CVG, these associated features may or may not have become established.

There is a long list of underlying conditions in secondary CVG and these can be found in the excellent overview published last year, which you can read [here](#). Whenever indicated from the history, a timely performed biopsy can be lifesaving. In primary CVG, surgical treatment should only be performed by an experienced plastic surgeon familiar with the condition of which there are only a few in the UK.

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Travel Fellowship Award 2018

Nail Disease

I am incredibly grateful to the BHNS for their support and encouragement for my sub-specialty interest in all aspects of nail disease. The award has allowed me to financially facilitate travel in my current out of programme for experience (OOPE) for the acquisition of skills with international specialists in the field.

During these 6 months of OOPE, I have organised time with plastic surgeons to learn their approach to specialist hand surgery, time abroad in Brussels, Belgium with current international nail experts in centres regularly seeing 50 – 100 nail cases per week, a podiatry department and attendance at specialist courses & conferences. I'm currently only half way through my time so you'll have to content with half a tale!



We all try to maintain a good working relationship with our colleagues in neighbouring specialties, but seeing them in action and learning tips from their personal experience is something that can't be learnt from a book, paper or a conference. Colleagues from Plastic Surgery have enlightened me on their approach to local digital anaesthesia techniques, the safety margins, volumes and different types of X.



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anaesthesia they use and they very comfortable post-operative experience patients have with them. I've learnt the various types of nail elevators on the market and which one suits my palm the best after a play around with them all. It may sound boring to some, but I feel that this sort of information is gold when dealing with the set up or improvement of a service, so that things can be in place before the first patient sits in your consultation room.

My time in Brussels, on-going at present, has been sensational thanks mainly to Prof Bertrand Richert. And to think, from colleagues only a 2 hour train ride from St Pancras! The time abroad has not only allowed me to appreciate the varied set-up of healthcare delivery in developed nations, but how even subtle, distant differences have an impact in other sectors. In Belgium, there is always an upfront cost associated with seeing a doctor, even if it's nominal. So for many there is an incentive to save time and money not seeing their GP if they feel they'll be needing to go see a specialist anyway. Self-referral in the state and private sector is allowed. Coupled with the state rule that Podiatrists (Podologues) are not permitted to administer local anaesthesia or perform any sort of surgery, a great proportion of routine nail work comes towards Dermatologists. And along with seeing masses of benign nail conditions such as onychocryptosis and onychomycosis, there is a high subsequent number of the weird, wonderful, 'rare' (though it feels routine here to see a glomous tumour a week) and challenging.

I've learnt their methods for various operations, followed their patients from clinic to theatre and post-operatively, seeing the quick healing and results myself, alongside their tips for dealing with complications, which happen to be few and far between in their experienced hands. I get daily doses of nail presentations to diagnose and compare my answers with the experts. I will really miss my time here when I must leave, but in the knowledge that I've made some good friends who share my enthusiasm.

By Dr Dhruvkumar Laheru,
Dermatology Registrar ST6
Health Education Thames Valley.



BHNS' Nail Education Day

The [BHNS' Nail Education Day](#) took place last September in the lovely, Regency town of Cheltenham. Organised by our Chair Dr Anita Takwale and fellow BHNS member Dr David de Berker, the event saw guest speakers from as far as Delhi, India and Oregon, USA, come to share their experiences on an array of nail disorders.

The programme began with a welcome from Anita, thanking all the speakers for coming and briefly mentioning the experience and backgrounds of the speakers, as well as the BHNS more generally.

The day continued with a series of talks on nail lesions from some of the leading practitioners. Dr Eckhart Haneke, from Bern, Switzerland who spoke first on the presentations of Melanoma in the nail, touching on the various manifestations and early warning signs. For many, this was a real opportunity to listen to one of the world's foremost nail experts. Eckhart's practical and straight-talking approach to diagnosis was clearly born of years of experience in this field, we all listened with baited breath, and were not disappointed. You can hear the beginning of Eckhart's talk [here](#), and his interview, aimed at driving public awareness of the signs of melanoma in the nail, [here](#).

Similarly, Dr David de Berker's identification of Squamous cell carcinoma (SCC), brought together years of diagnostic experience as he summarised the identification of SCC via abnormalities of the finger and toe nail.

Before the break, one of David's tutees, Dr Chris Bower from Exeter, spoke on the patterns of presentation of Benign Tumours in nails. His rather gruesome first image, had us all awake and ready to listen before the caffeine at 11am. The beginning of his talk can also be accessed on [YouTube here](#), and his interview, [here](#).

During the break there was much collaboration and discussion over coffee and nibbles, while the morning's speakers could finally relax, and enjoy the rest of the talks. The next talk was from Dr Archana Singal, from Delhi, India, who gave two talks on the day, one on Psoriasis in nails, which you can view the beginning of [here](#), and the other on Onychomycosis, which can likewise be viewed [here](#).

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Throughout both she reviewed the various manifestations of each condition and the treatment options available. Her follow-up interview on Onychomycosis, still available on [YouTube here](#), was very interesting, particularly for patients, as was her interview on Psoriasis, [here](#).

Sandwiched between both of Archana's talks was Dr Dhruv Laheru, from Oxford, speaking on the diagnosis and management of inflammatory nail disease. Dhruv's introduction is [here](#), and his interview [here](#). Dhruv has recently taken on the position as BHNS Clinical Nail Lead, and he has great plans for updating the nail information on the main website. We're very exciting to have him join the committee.

Next to take the stage was once again our new BHNS Chair, Anita, based nearby in Cheltenham, who spoke on the importance of nail surgery and its practical applications. She showed an instructional video prepared by herself and David, which walked clinicians through a basic nail surgery. Her message was that practitioners should not be squeamish about recommending surgery as an option for patients. The beginning of her talk is [here](#), and her interview, [here](#).

Dr Anshoo Sahota, from London, discussed a similar specialist area, diagnostic biopsies. To hear the introduction to his fantastic talk click [here](#), and his subsequent interview can be found [here](#).

Continuing the surgical theme, Dr Will Mason from Gloucester, spoke on the surgical options for tumours just before the second break, mentioning mucus cysts, skin grafts, nail unit excisions, anaesthesia and other considerations. The beginning of his talk is on [YouTube here](#), and his interview is [here](#).

To finish the event, Dr Curtis Thompson from Portland, Oregon, USA, gave a talk on the histopathology of nail diseases before a final question and answer session. Curtis' introduction is [here](#), and his interview can be found [here](#).

We hope all in attendance will agree that the event offered a fantastic opportunity for collaboration and innovation across the specialism, from clinicians and researchers alike. We have also noticed an increase in membership applications since the event, which we hope to hold again in a couple of years. Next year's BHNS education event will be organised ahead of the European Hair Research Society's meeting in Sheffield. [You can book a place here](#).



Ms Rose Wilmot
Bsc Hons, MRes
BHNS Administrator

Travel Fellowships

The BHNS has once again agreed to a travel fellowship of £500 for a trainee BHNS member to attend the European Hair Research Society in Sheffield from 18-20th June 2020. **Deadline 3rd May.**

They have also agreed to a £500 Fellowship for the European Nail Society's meeting in October 2020, details of which will be released earlier to the time.

The Grand Round

The [BHNS Grand Round](#) continues to be a big success with hair and nail cases being added every month for the Expert Nail and Hair Panels to review each month. To view comments go to the Case Discussions section on the website.

A big welcome to the following members of the new Hair and Nail Grand Round Expert Panels: Anita Takwale, Alyson Bryden, Nicola Clayton, Matthew Harries, Susan Holmes, Megan Mowbray, Anastasia Therianou, Victoria Jolliffe, Athina Fonia and Dhruv Laheru.