

WELCOME TO THE FIRST BHNS CHRISTMAS NEWSLETTER

I am delighted to introduce the very first newsletter for the BHNS. Prior to tempting you all with the newsletter, a few brief updates - Rose Wilmot has been working tirelessly on improving the image of the BNHS website and will not hesitate to gently send us reminders to keep this functional on many fronts!

The website boasts a monthly journal club, this is a great way to catch up on the latest research on hair and nails and we are always grateful to all the contributors for their input. New members area and a gallery of event photos for members have been added to the website - New nail conditions for the public is being populated- this has already generated a first information request from a member of the public, do have a look and give information of the website to your patients. The clinical cases forum is for you to upload your clinical queries.

The 10th World Congress on hair research was held this year in Kyoto, Japan. This proved to be another exciting event with a good mix of talks both research and clinical - there was plenty for me to choose from. Dr Chiang received a travel fellowship from BHNS for the Congress and has shared her experience of the world Congress with us in the newsletter, some of her photos are also below.



David de Berker tells us the delights of both EADV and Paris and reasons why we should be looking forward to the next European nail society meeting on 12th September 2018, which is held a day prior to the main EADV meeting. I have had the opportunity to attend the ENS and the morning nail histology session in Geneva this year and can confidently say it was worth it.

Athina Fonia and Catherine Stefanato have posed a conundrum for all of us – Why are some groups of patients with breast cancer treated with taxane chemotherapy more likely to get permanent alopecia? Anyone ready to take the challenge to explore her questions further?

Ingrid has highlighted the need to be more vigilant about CCCA which primarily affects women of African descent. Early identification and early intervention are vital but she has also mentioned exciting new development with CO2 laser, read the article to learn more.

Cristina Rodriguez-Garcia gives us an excellent overview on Trichoscopy and its use in everyday clinical practice.

There are plenty of meetings both national and international for you to choose from next year. For registrars, our travel fellowships provides a great opportunity to learn more on hair and nails as well as explore new places. I hope to see many of you at the Hair Education day in Glasgow on the 16th March 2018; the event is being hosted by Susan Holmes. Good luck Susan!



Anita Takwale (Clinical and Educational Lead BHNS)
Merry Christmas and Happy New Year!

Website Update

A new [Nail Conditions](#) area, still in progress.

A [Gallery](#) section for event photos and other images. This is for members only. If you have any good images please let us know.

A [Presentation](#) page, for Powerpoint/PDFs of speaker presentations. This is for members only. If you'd like your presentation to be included please let us know.

A new [Members Area](#) listing all members of the society, to help us more easily communicate with one another.

EADV – Paris September 2018

Have you ever been to the EADV? Do you like Paris when the autumn colours are out? Do you like sitting in street corner cafes drinking absinthe and watching the world go by? If you have answered yes to any of these questions, you should be there at the next all day nail session at the [EADV](#), 12th of September 2018, Paris.

The European Nail Society has been running the half day nail session on the day prior to the main meeting of the EADV for the last 20 years. This year we had a wide range of international speakers on new treatments in nail psoriasis and lichen planus, non-systemic treatments in onychomycosis, an annual journal club review of news in the nail literature, nail Mohs, clinical and histological aspects of difficult nail melanomas and much more. The speakers are those people you have seen in print in the nail literature and it is great to put a face to them and ask questions. You don't have to belong to the European nail Society to attend, but we will harangue throughout the meeting to try and get you to sign up as it floats purely on members' subscriptions. One of the great assets of membership is to be given a free copy of the relatively new journal [Appendage Disorders](#) as well as access to the surgical or medical expert guidance forum run through the senior membership.

The fruit of this forum is presented at the annual meeting as a series of interesting cases and represents a good cross section of the mundane but challenging, the unusual and amazing.



But to add to this great opportunity, you can make it a whole day by attending the local morning meeting we have been arranging over the last 4 years in each of the hosting cities. This is based on local contacts in University Hospitals who lend us a presentation room in their hospital and a few cups of coffee. We then gather histopathology cases from members and

interested nail colleagues and review them as clinicopathological cases (PowerPoint clinical images) with either the glass slides or digital path slides. This is a great forum for the latter as it is increasing as a means of sharing histology in detail across distance and makes international collaboration much easier.

In 2018 we will be in the [Hôpital Saint-Louis](#) and hosted by Dr Isobel Moulanguet and run by Dr Adam Rubin and myself. This year was a wonderful review of cases in the hôpital universitaire de Geneve. Always interesting to enter hospitals in other countries. Some still wear white coats!

So do sign up to the EADV membership, the ENS membership, and the next histopathology workshop in Paris, and make it a double Pernod.



Dr David De Berker

Hot Topic in Hair and Nail - CCCA

Recently there has been more attention in the media about the visibility of black women's hair in its natural form. This follows Meghan Markle's engagement to Prince Harry prompting discussion about her African heritage and Lupita Nyong'o the famous black African actress getting Grazia magazine to apologize for removing her natural African textured pony tail without her consent from the front cover of its November 2017 edition.

These episodes serve as a reminder of the societal pressures that black women are under to alter the texture of their hair. The application of heat, hairstyles that pull too tightly on the scalp and harsh chemical treatments that damage the hair shaft are associated with the pathogenesis of central centrifugal cicatrizing alopecia (CCCA), which is classified as a lymphocytic primary scarring alopecia that primarily affects women of African descent. It has been shown in a small series that CCCA can be inherited in an autosomal dominant fashion, with a partial penetrance and a strong modifying effect of hairstyling and sex.¹ A US based cross sectional study in 2013 indicated that the duration of hair loss is positively associated with severity of disease and androgen related conditions

Official BHNS NEWSLETTER

are prevalent in those affected with CCCA.

Clinically CCCA presents with scarring at the vertex or crown of the scalp that tends to spread centrifugally. Cosmetically it can be extremely disfiguring, impacting significantly on quality of life. It has been reported that CCCA patients are among the top five reasons why African-Americans seek dermatological evaluation.² This year Dlova *et al* issued a call for action on this condition inviting dermatologists who see patients with this condition to reach out to hair salons to help raise awareness of this condition.³ Early identification is crucial because of the progressive nature of the condition. The aim of treatment is to alleviate symptoms, halt disease progression and possibly stimulate regrowth of viable hair follicles.⁴ However, current treatment recommendations are largely based on mainly anecdotal evidence. Well designed randomized controlled trials are needed to discover optimal management.

April 2017's retrospective review of 15 subjects with CCCA supported some of the current recommendations. The authors concluded that intralesional steroid injections and topical steroid +/- minoxidil and +/- anti-dandruff shampoo halt disease progression.⁵

Dermatologist input is crucial for scalp biopsy to confirm the diagnosis and to offer early treatment with intra and peri-lesional steroids. As a referring GP, I would also perform mycology to exclude tinea capitis, counsel the suspected CCCA patient on hair care practices and consider starting the patient on a systemic anti-inflammatory agent such as doxycycline 40mg daily modified release preparation, plus topical clobetasol propionate (once per day to 3x per week usage), 5% minoxidil daily, and advise the patient to use an anti-dandruff shampoo.

The most exciting CCCA development this year was published in the Journal of Investigative Dermatology. It supported the hypothesis that follicular regeneration in CCCA may occur in response to wounding with a CO2 laser, with the most significant change in hair count noted at the peripheral sites at the highest setting. I look forward to seeing in 2018 whether BHNS members can explore this further.

Dr Ingrid Wilson MBChB BSc(Hons) DRCOG DFSRH
LoCIUT MPH FFPH
General Practitioner



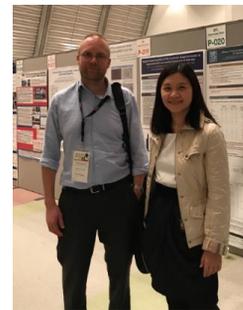
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My experience of the 10th World Congress for Hair Research 2017 in Kyoto

I am extremely grateful to be awarded a travel fellowship by the British Hair and Nail Society to attend the 10th World Congress for Hair Research, 2017. This conference was held at the International Conference Centre in Kyoto, Japan on 31st October to 3rd November 2017.

The main theme of the Congress is 'Visiting Old, Finding New'. This is a Japanese proverb meaning to review the progress of all previous research activities with the aim of gaining new insight for future directions. The 4-day Congress comprised of a day of hair courses for beginners and residents, and 3 days of scientific programme that included keynote lectures, plenary and concurrent sessions, scientific posters, clinical workshops, sponsored seminars and meet the expert sessions.



On my first day of my arrival at the Congress, I was impressed by Congress venue that was filled with beautiful autumn scenery in a large garden. At the opening ceremony, Presidents from each of the Hair Societies from all over the world presented the histories of their Societies and developments. It was interesting to see how medical professions from all over the world come together to exchange knowledge and research findings in hair diseases, with the aim of bringing new and advanced treatments to this field.

The learning course for residents was particularly useful to me as I have learnt about post-finasteride syndrome and management of difficult hair diseases. The topic on post-finasteride syndrome also generated a lot of debate on the use of this treatment for patients. The first day of the Congress ended with a special lecture on ancient Japanese hairstyles from a Japanese author. It was very interesting to see a different perspective on hairstyles presented from a non-medical professional.



I found the plenary sessions on research on stem cells and hair transplantation enlightening. This was my first exposure to in-depth research studies in hair diseases. There were also updated treatments for various hair diseases which were useful to me as a trainee. From this conference, I have also realised that there is a need for further research in hair diseases, as there are still a lot of unanswered questions in this field.

The experience has been amazing and I would definitely encourage trainees who are interested in hair diseases to attend the next World Congress for Hair Research in Barcelona in 2018.

Dr Yi Ning Chiang
General Practitioner



Permanent alopecia in breast cancer after taxonomic chemotherapy: a "cunundrum" to resolve

It is well known that anagen effluvium is a common side effect of chemotherapy affecting 7 out of 10 patients.¹ It has a time frame of 3-8 weeks after initiation, usually followed by a full hair regrowth 6 months post cessation. Permanent chemotherapy-induced alopecia is defined as a partial or complete hair loss for over 6 months after its cessation and it was first described in the 1990s secondary to chemotherapy-conditioning for bone marrow transplantation.²

Taxanes, docetaxel and paclitaxel are commonly used in chemotherapy regimes to treat breast cancer. These drugs inhibit mitosis and induce apoptosis.

There has been an emerging data in the past few years of taxanes causing severe and permanent hair loss.^{3,4}

Various histological findings have been described and can be seen in both androgenetic alopecia³ as well as alopecia areata.^{4,5}

The clinical presentations described in literature have been of non-scarring diffuse alopecia with accentuation on the vertex (female-pattern hair loss)³ as well as of diffuse and alopecia areata-like types.⁴

These are felt to be secondary to the chemotherapy and the concurrent use of hormonal anti-estrogen therapy targeting the hair follicles.

The questions are: why is there a subset of patients that develop permanent, rather than temporary alopecia, following chemotherapy? Are these affected patients more susceptible than others? And, if so, what are the determinants of this susceptibility?

Alopecia patients following breast cancer treatment are seen in dermatology clinics at different stages of their disease activity.

Awareness of this issue is important to further identify this subset of patients which should be also studied at the molecular and genetic level.

Dr Athina Fonia, ST6, University Hospital of Wales.
Dr Catherine Stefanato, Consultant Dermatologist, St John's Institute of Dermatology.

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Trichoscopy

Trichoscopy is the dermoscopic examination of the hair and scalp. It is a useful tool for the diagnosis and follow-up of hair disorders because it enables us to observe the hair shafts, hair follicle openings, perifollicular epidermis and blood vessels.

Abnormalities in hair shaft structure may give diagnostic clues for different causes of alopecia and genetic hair shaft disorders. Exclamation mark hairs can be seen in alopecia areata, trichotillomania, and chemotherapy-induced alopecia. Hair diameter diversity can be seen in androgenetic alopecia. The presence of multiple broken hairs with different lengths and shapes is a common finding in trichotillomania. Comma hairs and corkscrew hairs are characteristic of tinea.

Hair follicle openings appear as small dots. Its presence differentiates noncicatricial from cicatricial alopecia. However, follicular openings may not be observed in long-lasting alopecia areata and in the early, noncicatricial phases of discoid lupus erythematosus (DLE) dots may be seen.

Black dots are residues of broken pigmented hairs. They can be present in patients with alopecia areata and are considered a marker of high disease activity. They may also be seen in tinea capitis, chemotherapy-induced alopecia and



trichotillomania.

Yellow dots are dilated infundibula filled with keratin and sebum. They are present in patients with alopecia areata and are considered a marker of disease severity and less favourable prognosis. Yellow dots are also seen in patients with androgenetic alopecia and Trichotillomania. Large, dark yellow to brownish-yellow dots are characteristic of DLE.

White dots are observed in primary scarring alopecias, and most commonly in lichen planopilaris (LPP). Follicular red dots are caused by dilated vessels and extravasated erythrocytes and have been described in DLE. In folliculitis decalvans we can see tufts of more than 6 hairs emerging from the same ostium.

The colour and structure of peri- and interfollicular areas may provide important diagnostic clues. Peripilar casts are concentrically arranged scales around hair shafts, which can be seen in LPP and frontal fibrosing alopecia. The presence of brown halos surrounding the follicular openings is common in patients with androgenetic alopecia, whilst scattered brown discoloration is characteristic of DLE.

Some inflammatory scalp disorders are characterized by a specific pattern of blood vessel arrangement on trichoscopy. There are arborizing vessels in seborrhoeic dermatitis, whereas scalp psoriasis shows glomerular or coiled vessels.

Anamnesis and clinical examination is often enough to reach the correct diagnosis of hair disease. Trichoscopy is a noninvasive diagnostic technique that adds additional information and may reduce the need of taking scalp biopsies. It may also be used to identify the best area from which to obtain a biopsy specimen; improving patient care.

Cristina Rodriguez-Garcia
Consultant Dermatologist, Amersham Hospital.

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Travel Fellowship

Deadline for Abstracts to the European Hair Research Society (18th – 20th July 2018, Bologna, Italy) will be January 2018.

As members of the BHNS you're welcome to apply for the Trainee Travel Fellowship (£750) to attend this event. Don't forget that preference will be given to those whose abstracts or posters have been accepted.

New Members

Since the start of the year we have had 15 new members, below:

Dr Kehinde Ross Dr Khimara Naidoo
Dr Heather Graham Dr Cathy Green
Dr Naila Dinani Dr Vikram Rajkumar
Dr Nicole Chiang Dr Yi Ning Chiang
Dr Weronica Szczecinska Dr Marie-Claire Wilmot
Dr Shagufta Parveen
Dr Iskander Chaudhry Dr Omina Eruk
Dr Dhruvkumar Laheru Dr William McAuley

Major 2018 Events

BHNS Hair Disorder Meeting

Date: 16th - 17th March 2018

Venue: Crowne Plaza Hotel, Glasgow

Organiser: Conference & Event Services from the BAD

Email: conference@bad.org.uk

Website: www.eventsforce.net/bad/242/home

18th Annual Meeting of the EHRS

Date: 18th -20th May 2018

Venue: Bologna, Italy

Organiser: European Hair Research Society

Website: <http://www.ehrs2018.org/>

27th EADV Annual Congress

Date: 12th-16th September 2018

Venue: Paris, France

Organiser: European Academy of Dermatology and Venereology

Website: <https://eadvparis2018.org/registration/>