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The Association of Diffuse Alopecia Areata and Psoriasis Vulgaris in a Young Child

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Clinical Image

Psoriasis is one of the most prevalent systemic inflammatory diseases, affecting approximately 2% to 3% of the population and more than 125 million patients worldwide. Previous studies provide evidence that there is a greater frequency of autoimmune diseases among patients with psoriasis than in the general population, and many inflammatory autoimmune diseases are a result of derangements in multiple cytokine pathways [1].

The association between psoriasis and alopecia areata was still in conflict, until Szu-Ying Chu and et al. [2], conducted research in Taiwan demonstrating that patients with alopecia areata had a higher risk of developing psoriasis compared to general population. Psoriasis is classified in a category of diseases related to Th1 pathway cytokines, including interferon- γ , IL-12 interleukin, and IL-2, which are also important in the pathogenesis of alopecia areata. Therefore, a correlation between these two diseases was conceivable [3]. We report the case of 14-year-old child, without significant pathological ATCD. Who had an occipital alopecian patch since the age of 10, which progressively worsened by the extension of the lesion and a depilation of the eyebrows, 2 years later, the appearance of several erythematous lesions sitting at the level of the 4 limbs and then extending over the rest of the body evolving in a context of conservation of the general state. Dermatological examination revealed the presence of multiple diffuse squamous erythematous patches in the whole body (Figure 1) as well as in the vertex, infiltrated with positif methodic scratching of Brocq, a diffuse alopecic scar patch of the scalp (Figure 2).



Figure 1. Multiple diffuse squamous erythematous patches in the whole body.



Figure 2. Diffuse alopecia areata with psoriatic patches in the scalp.

The examination also revealed a depilation of eyebrows and eyelashes. Dermoscopy of the scalp showed cicatricial alopecia in places, yellow dots, black dots, cadaverous hair (Figure 3) and for patches, it showed a diffuse dotted vascularization corresponding to psoriasis vulgaris (Figure 4).



Figure 3. Dermoscopy of the scalp showed a cicatricial alopecia in places with cadaverous hair and black dots;



Figure 4. Dermoscopy of the patches showed a diffuse dotted vascularization corresponding to psoriasis vulgaris.

The patient was put on methotrexate at a dose of 15 mg/week, topical corticosteroids, minoxidil 2% for the scalp (despite the fact that minoxidil is indicated from the age of 18 according to the FDA, but from our experience and patient decline, it has given good results in children aged ≥ 8 for various indications such as alopecia areata without any major side effects), and topical corticosteroids with cold cream preparation on the lesions of the body, with good clinical improvement after 3 months of treatment.

Conflict of Interest

The authors declare no conflicts of interest.

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