

TRICHOTILLOMANIA: REPORT OF FIVE CASES

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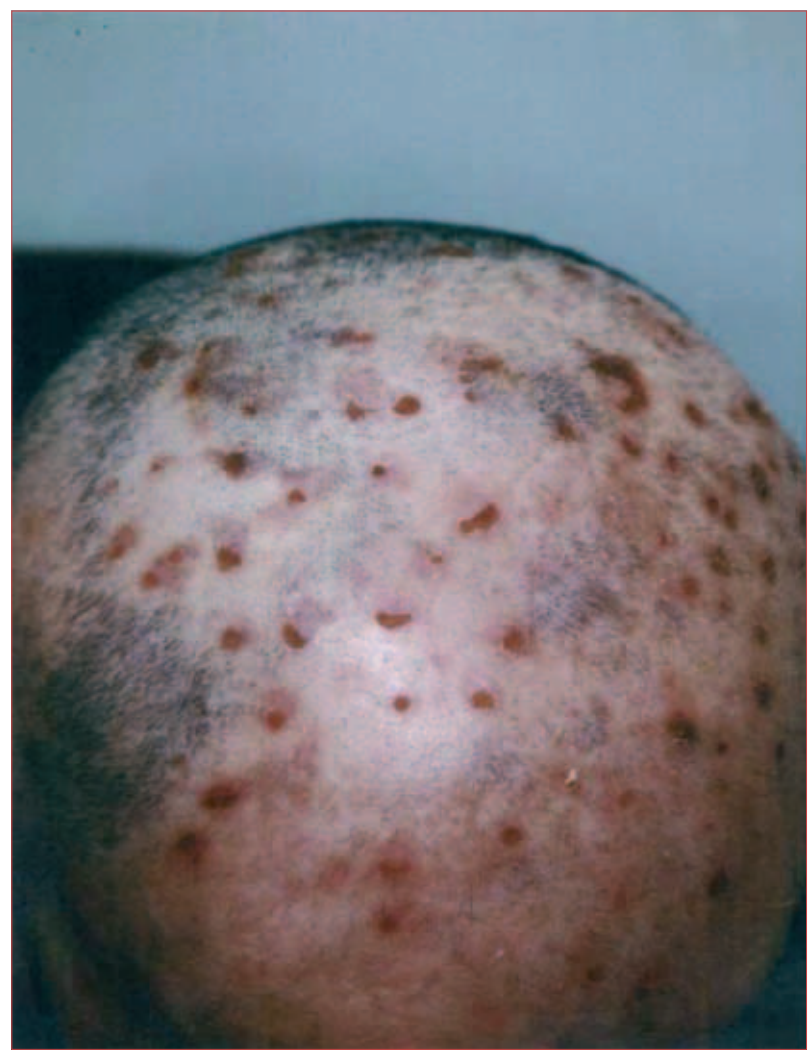
INTRODUCTION

Trichotillomania is defined as hair pulling, rising tension just prior to hair pulling, and sense of pleasure and reward after this behaviour. It may constitute a symptom of either a transitory habit or an impulse-control disorder, such as obsessive-compulsive disorder, a borderline personality disorder or depression. It is observed more often in children than adults. Recently, it has been suggested that topiramate and other antiepileptic (regardless of its anticonvulsionant activity) could be an useful alternative therapeutic approach for this disorder.

CLINIC CASES

Case 1) A 58 year-old woman, with a history of depressive syndrome and histrionic personality including 3 previous suicide attempts, presented hair loss due to hair-pulling. Eight months earlier, she presented chaffing of the scalp hair and alopecia secondary to hair-pulling. Escitalopram 20 mgs and Topiramate in increasing dosages (25 mg every 4 days up to 100 mgs) were prescribed. After 10 weeks of treatment, a complete resolution of this hair disorder was observed. Four months later, the patient continued without relapse.

0 weeks



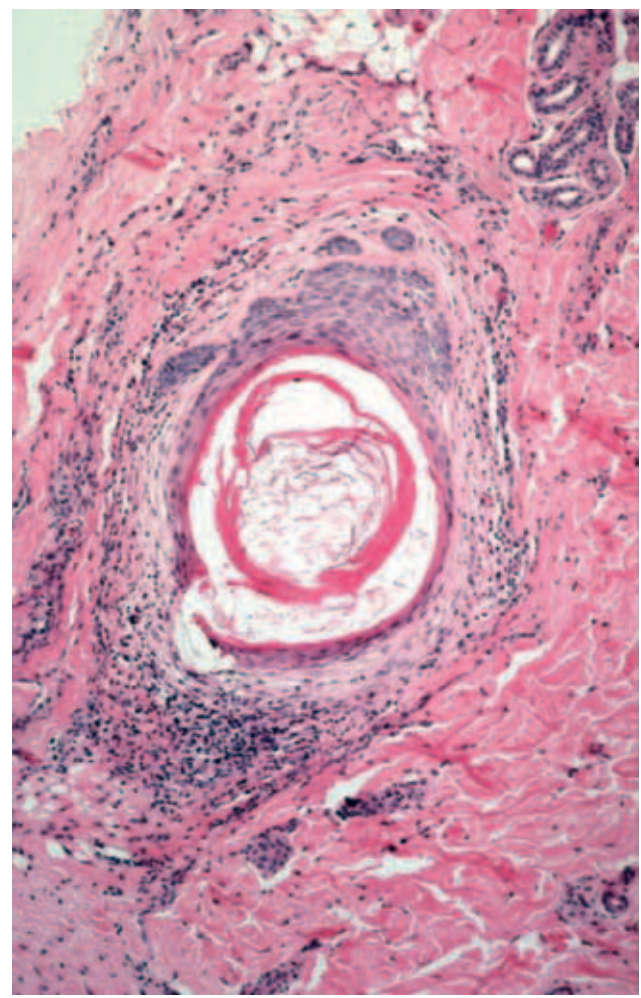
2 weeks



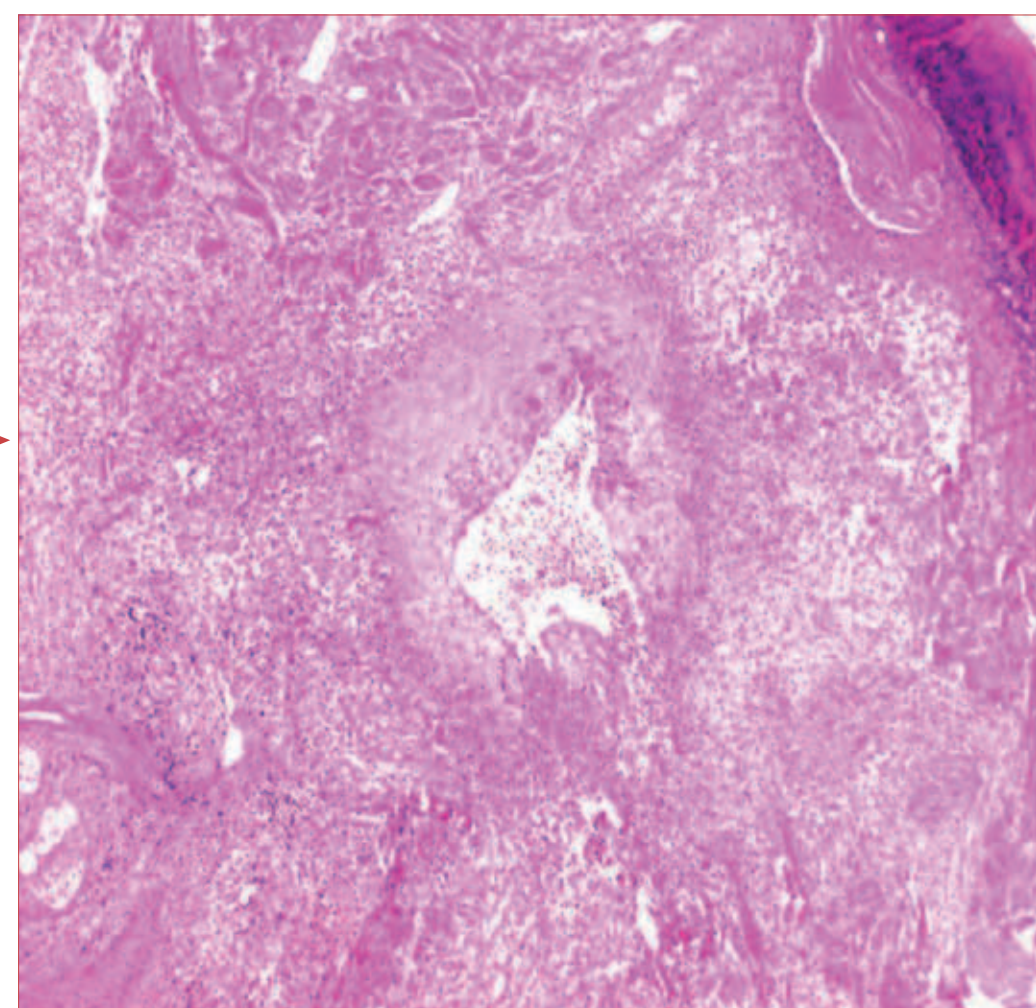
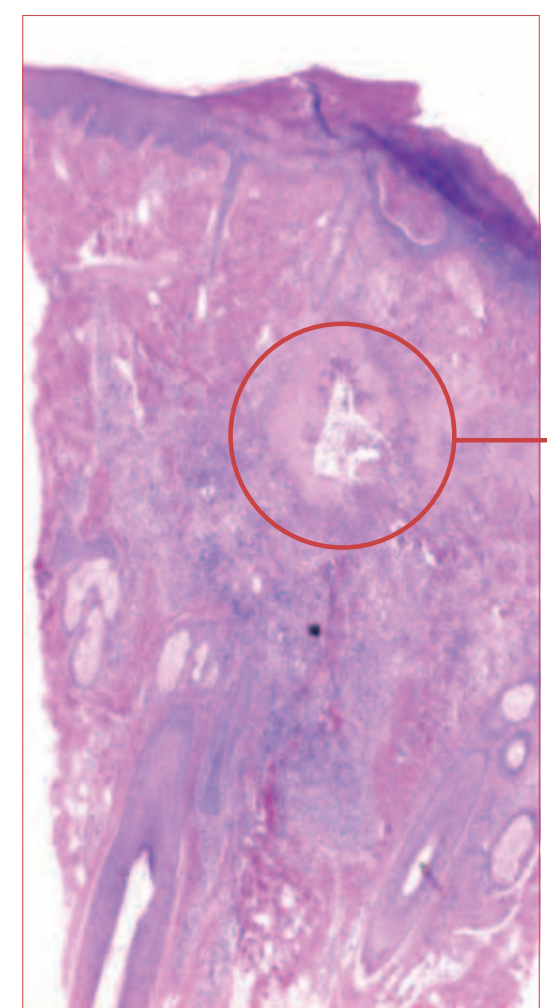
10 weeks



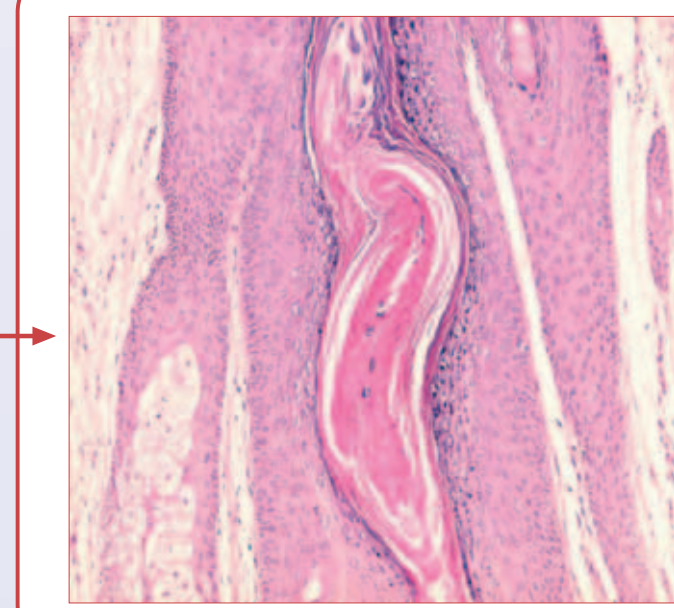
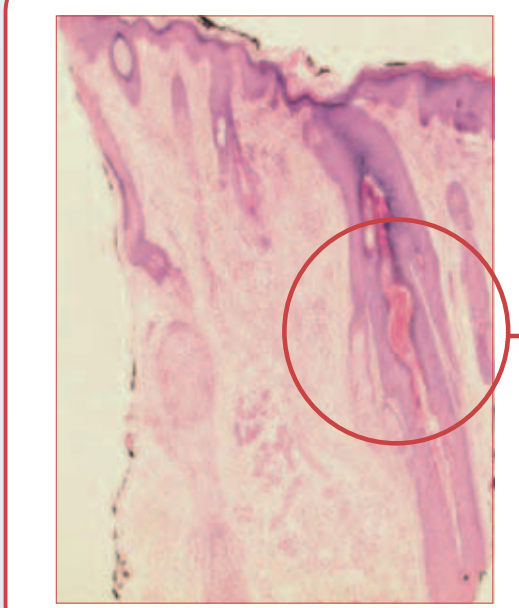
Case 2) A 45 year-old woman with an irrelevant past medical history complained from hair loss and alopecia since she was 5 years. After clinical and histopathological exams (a breakage or laceration in the outer rooth sheath of the follicle, with an incipient secondary inflammatory reaction was observed in cutaneous biopsy), trichotillomania was suspected and Alprazolam and Paroxetine were prescribed without improvement. Then, she started treatment with Escitalopram (10 mg day) and Topiramate (at increasing dosages reaching a maximun of 150 mg). Three months later, she was able to control her impulses and hair loss ceased.



Case 3) A 57 year-old man presented a 3-year history of pulling out his scalp hair following to ischaemic myocardium infartion. An histopathological exam from a skin biopsy specimen disclosed a mixed perifollicular and follicular inflammatory component secondary to the breakage of rooth sheath of hair follicles. Escitalopram (10 mg day) and Topiramate (up to a dose of 100 mg day) were prescribed. He no longer pulled out his hair 6 months after starting this treatment. Topiramate was slowly tapered and he was treated only with Escitalopram.

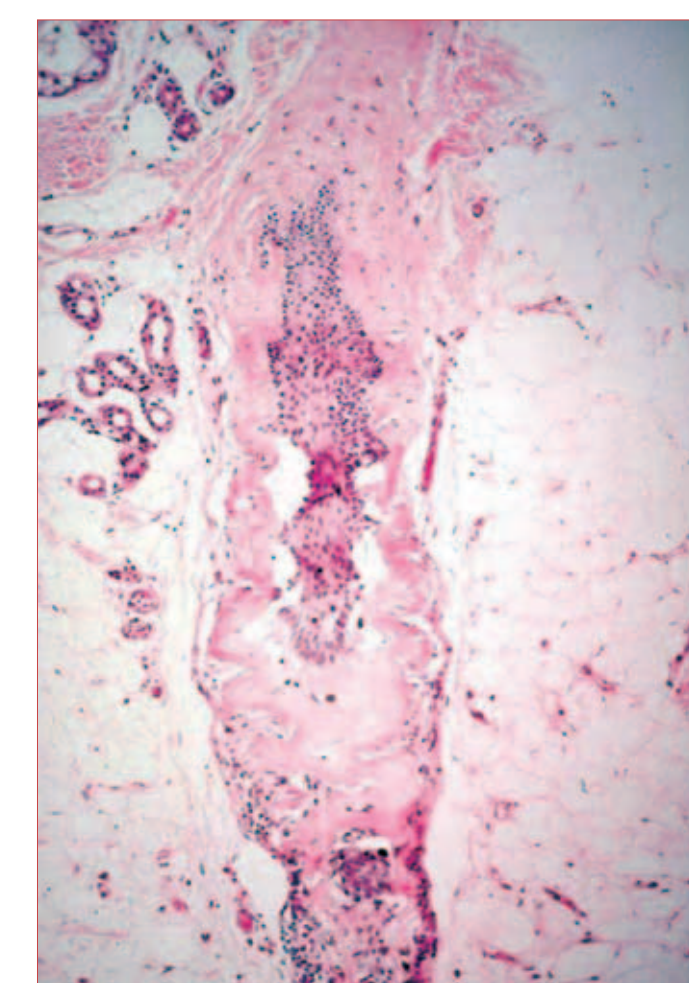


Case 4) A 55 year-old man was referred to our department because of intense pruritus in the scalp area evolving to well-demarked patches of alopecia, 1.5 x 1 cm in diameter, after scratching. No cutaneous lesions were observed in spite of fine scaly areas. KOH and microbiological cultures were negative. Skin biopsy disclosed no abnormalities and PAS-diestase and Alcian blue stains were also negative. The patient was treated with Escitalopram (10 mg day) and Topiramate (100 mg day). Topical steroids were also prescribed. Hair growth was observed 3 months later.



Case 5) A 42 year-old woman, with a history of drug abuse and seizures probably related to abstinence syndrome, was admitted at the Department of Psychiatry as having a personality disorder, moderate psychosocial stress and emotional instability. She presented multiple patches of trichotillomania. Histopathological examination showed fibrosis and degenerative follicular changes with corkscrew appearance. Escitalopram and Topiramate were prescribed and 8 months later the dermatological findings cleared-up.

After 6 weeks



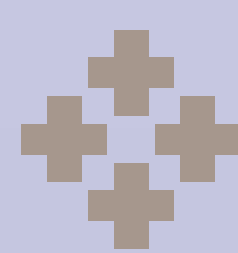
CONCLUSION

Trichotillomania is often associated with psychopathologic disorders and, has a worse prognosis in adults than in children. The pathogenetic mechanisms are not clearly elucidated although non-adaptative stress and inner subconscious conflict may result in a failure of impulse control.

In this series, we have obtained a good response with Escitalopram and Topiramate in all cases. Dermatological and psychopathological features showed a clear improvement after few months.

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