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Images in Dermatology: Trichotillomania in an Elderly Indian Woman

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CASE 1

A 61-year-old female attended the dermatology outpatient department with a 2-year history of progressive hair loss over the scalp. She noticed patchy areas of hair loss on the scalp with no associated pruritus, pain, or skin inflammation. On probing, patient revealed episodes of hair pulling, mostly unconsciously, often preceded by feelings of tension or anxiety. She also expressed feelings of guilt and embarrassment about her hair loss and hair pulling behaviour.

Local examination revealed multiple irregular, patchy areas of hair loss with broken, short hairs of varying lengths, predominantly over the vertex region. The scalp appeared normal with no signs of inflammation, scaling, or erythema. The hair pull test was negative. Dermoscopy revealed numerous short, broken hairs, black dots, coiled hairs, and hairs of different lengths, hair powder and v-hairs. There was absence of exclamation point hairs and yellow dots, typical of Alopecia areata. A psychiatric assessment showed features of moderate depression and anxiety.

The patient was diagnosed as a case of trichotillomania (ICD-10 code F63.3) and started on cognitive-behavioral therapy (CBT) with Habit Reversal Training (HRT), antidepressant (escitalopram 10 mg daily) and an anxiolytic (clonazepam 0.5 mg at night). At 3-month follow-up, the patient reported a reduction in hair pulling episodes and improvement in scalp appearance. Dermoscopic examination showed decreased black dots and more hairs in the anagen phase



Figure 1: Clinical image showing patchy hair loss with irregular borders over the scalp.

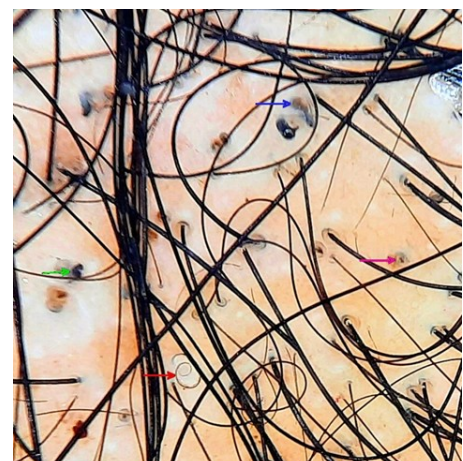


Figure 2: Dermoscopic image demonstrating coiled hair (red arrow), flame hair (blue arrow), v-hair (green arrow) and black dot (pink arrow).



Figure 3: Dermoscopic image demonstrating hair powder (red arrow).

Declaration of patient consent:

Appropriate patient consent was obtained by the authors for taking and sharing pictures.



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