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Alopecia areata is a common form of non-scarring alopecia that appears equally in males and females of any age, although children and adolescence are more commonly affected. The disorder is usually characterized by limited alopecic patches on the scalp, but more severe forms may affect the entire scalp (AT) or body (AU).

Among the many factors under investigation in the pathogenesis of AA, the main areas of concentration have been genetic constitution as well as non-specific immune and organ-specific autoimmune reactions.

Treatment is challenging and aims at regrowth of hair in the affected individuals. Various therapies for the disease may have efficacy in different patients, making a universal treatment difficult to implement.

Several studies have shown that contact allergens such as DNCB, SADBE and DPCP are effective in treating alopecia.

The present study was done to evaluate the efficacy and tolerability of DPCP in the treatment of alopecia and detection of its side effects.

Diphenylcyclopropenone has been tried on twenty-five patients with alopecia, they were categorized into two groups:
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Group I, consists of 20 patients representing the areata type. The patients of this group were subdivided into two main subgroups according to the extent and morphology of scalp hair loss; subgroup A: 10 patients representing AA of less than 50% scalp hair loss while subgroup B: 10 patients representing AA of more than 50% scalp hair loss.

Group II, five patients representing AT. All groups (I and II) were subjected to DPCP application once weekly. Ten patients had served as a control group for this study, they were subjected to saline application once weekly.

All the twenty-five patients were sensitized to the drug and the application of DPCP was then carried out over the whole area(s) of scalp hair loss to produce and maintain a mild to moderate pruritis for 24-36 hours after application.

Collectively, 23 out of the twenty-five patients (92%) showed variable grades of hair regrowth; 17 patients (68%) showed complete hair regrowth, 4 patients (16%) showed patchy terminal hair regrowth, 2 patients (8%) showed sparse pigmented hair and 2 patients (8%) showed no response at all.

The side effects were essentially pruritis and local erythema. There were also some other adverse reactions consisting of occasional episodes of contact eczema,
cervical lymphadenopathy, generalized pruritis and pigmentary changes.

After interpretation of the results the following conclusions could be obtained:

* Patients with less degree of response to DPCP for the first three months of treatment, had better results when application was continued for more than three months and the duration of therapy was reached up to six months.

* Application of DPCP every two weeks not every week showed a good response in two patients.

* The higher concentrations of DPCP and a longer period until initial hair regrowth appeared were shown to represent unfavorable prognostic factors.

* The long time consuming therapy with DPCP make some of the patients not capable of continuing the therapy until the end or until the satisfactory results occurred.

* The availability and price of DPCP is an important problem for the patients as it is not present in Egypt and its price is expensive.

* Patients must be warned that the induction of an allergic contact dermatitis and the maintainence of
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erthema and pruritis are a desired side effect and that is necessary for a good result.

* The doctor or nurse applying DPCP must wear gloves during application to avoid the occurrence of allergic reaction to the drug.

* This line of treatment of alopecia is the most suitable line of treatment in young patients with extensive alopecia because DPCP had not proved that it cause any systemic side effect uptill now and it protect the patients from the severe side effects which results from another systemic drugs such as corticosteroids.

In conclusion, DPCP has been found to be an effective stimulator of hair growth in patients with alopecia and it is highly effective approach when compared with all other therapeutic modalities available.