# INTRODUCTION

Alopecia is a non life threatening condition, which may seem trivial to the unaffected. However, those physicians who see patients with hair loss know too well the devastating impact it can have on an individual's quality of life ***(Rushton, 2003).***

Three hair disorders; androgenetic alopecia, telogen effluvium and alopecia areata account for almost all cases of nonscarring alopecia in women ***(Van Neste and Rushton, 1997).*** Despite their prevalence; few epidemiologic studies have addressed the etiology and risk factors for these hair disorders ***(Van der steen et al., 1992; Garcia-Hernandez and Rodriguez-Pichardo, 1999).***

The dermatologist is often confronted with the problem of diffuse hair loss. Women complaining of diffuse hair loss constituted about 5% of patients coming to a dermatological clinic in Cairo ***(Younis, 1990).***

Telogen effluvium (TE) or hair shedding, results from the synchronous transition of hair follicles from the growing stage of the hair cycle (anagen) to the resting stage of the hair cycle (telogen) ***(Harrison and Sinclair, 2002).*** Some studies have suggested that decreased body iron stores (measured by serum ferritin) may be associated with telogen effluvium ***(Van Neste and Rushton, 1997).***

Dermatologists commonly assess serum iron status in women because of the assumption that low iron stores causes alopecia. However, little objective evidence supports this practice ***(Kantor et al., 2003).***