

# Introduction

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 usually characterized by limited alopecic patches on the scalp, but more severe forms may affect the entire scalp (alopecia totalis) or the whole body (alopecia universalis) (*Papadopoulos et al., 2001*).

The treatments currently available for the common heterogeneous disorder alopecia areata (AA) are limited and often unsuccessful (*Taylor and Hawk, 1995*). The course of AA may be extremely variable, with spontaneous remissions and relapses complicating the interpretation of treatment efficacy (*Healy and Rogers, 1993*). Topical therapies including tretinoin and minoxidil, as well as topical and intralesional corticosteroids, are commonly used as the first line of treatments; however, are often of limited success particularly in cases of extensive disease. (*Taylor and Hawk, 1995*). Although systemic corticosteroids are occasionally employed in the treatment of AA, their side-effects profile when maintained for prolonged periods limit their use (*Bolduc et al., 2001*). The treatment of AA with PUVA has been tried with variable success (*Stern, 2001*).

Because of the side effects of PUVA either from systemic psoralen or from high dose of UVA, NB-UVB is considered now not only an alternative therapy of PUVA but also better than it in moderate to severe psoriasis and other chronic inflammatory skin diseases (*Snellman et al., 2004*).

Few trials had been done to show the efficacy of NB-UVB in treatment of AA (*Bolduc et al., 2001*).

## Aim of the work

The aim of this study is to determine the efficiency of Narrow Band UVB (NB-UVB) light therapy in comparison with PUVA therapy for extensive alopecia areata.