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Hair loss in kids

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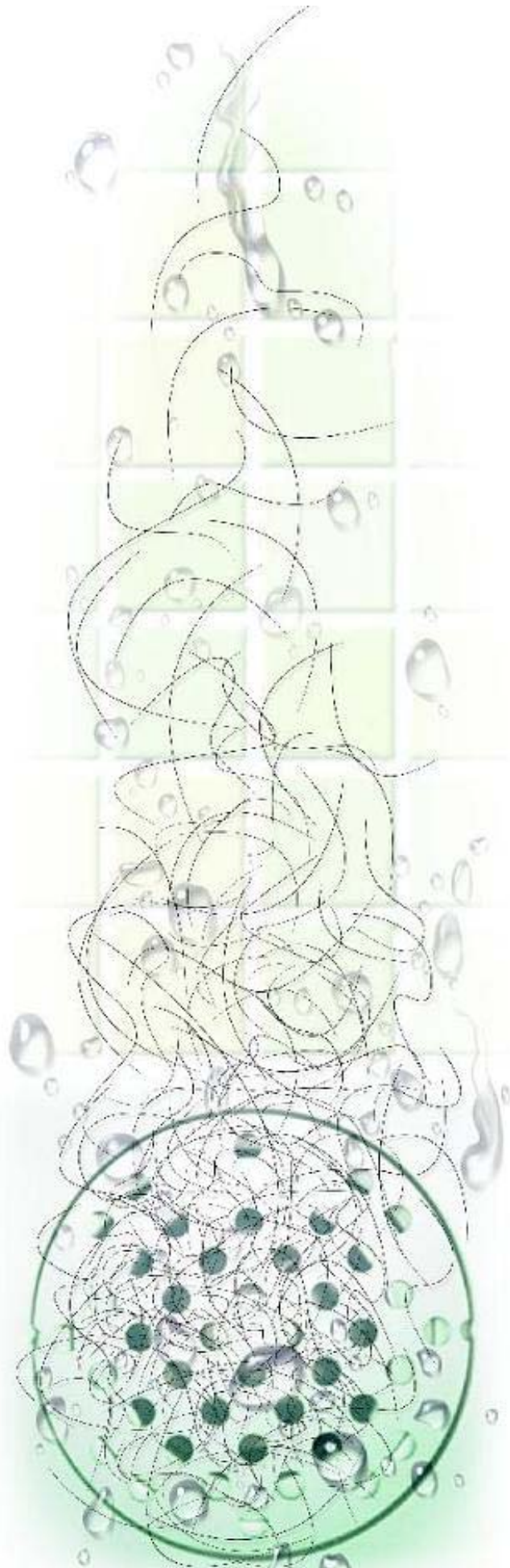
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April 16, 2009

Doc talk

Hair loss in kids

By [Dr Jean Ho](#)



-- ST ILLUSTRATION: ADAM
I.F.F.

I recall a hair-raising moment many years ago on the popular variety show, Smile! You're On Candid Camera. A woman, while getting her hair shampooed, was horrified to find fistfuls of it coming right off her scalp.

However, those watching the programme were spared further agony when the canned laughter that was played gave a broad hint that it was just a joke.

The hair that came off was fake and I had a good laugh.

However, for M, a seven-year-old patient of mine, hair loss was no laughing matter.

One day, her mother noticed a bald patch the size of a 50-cent coin on top of her head. Over the next few days, it got bigger and new bald spots began to appear.

The child's hair was falling out in clumps and it was everywhere - on the comb, on the pillow and in the bathroom sink. Within two weeks, she had lost nearly half her crowning glory.

M had a condition called alopecia areata (AA). I started treating her and further hair loss was stopped. Gradually, her hair began to grow back.

Alopecia areata means 'patchy areas of baldness'. Clusters of hair fall out in a matter of days for reasons which are not fully understood. The condition affects one in 100 people. It can strike at any age.

However, the good news with this kind of hair loss is that the hair almost always grows back within a year.

The natural pattern of AA is one of spontaneous healing. In fact, these dramatic events of near baldness, followed by complete re-growth of hair, may be seen in the 'amazing' before and after pictures that some companies use to market hair-loss remedies.

Sometimes, the disease lasts longer and gets much worse. A single spot will re-grow hair but new bald spots will appear elsewhere. In severe cases, almost all the hair is gone from the head.

With some children, even their eyebrows, eyelashes and body hair will fall out.

As the condition is neither itchy nor painful, young children often remain oblivious to their problem. Indeed, the bald spots tend to bother the parents more than they do the child.

On the other hand, older kids and teenagers are more sensitive about their appearance and affected by comments from their friends. Hence, focusing on the child's hair loss may cause him to feel more self-conscious and embarrassed.

Although the disease is often attributed to a case of nerves or emotional stress, there is very little evidence to support this.

Studies indicate that it may be a type of autoimmune reaction, that is, the body's immune system reacting defensively to its own skin and hair follicles.

Quite often, there may be a family member with the same condition. Despite the

sometimes catastrophic hair loss, the patients are almost always healthy. Blood tests are rarely necessary.

Even without treatment, most patients with small patches of hair loss will eventually recover.

For those who seek treatment, therapy is varied depending on the severity of the condition.

With isolated spots, it may be easy to get hair to regrow by injecting them with small amounts of steroid solution. This medicine stays inside the skin, working to restore the hair for three to four weeks. Sometimes, the condition is cured. At other times, the hair re-grows only to fall out again. New bald spots may also appear.

This form of treatment is painful and can be daunting for children. Children who are squeamish about injections can opt for medications such as steroid creams or minoxidil which are applied topically. These have been found to be effective in children and adults with AA.

Other treatment options work by inducing irritation on the scalp. One such treatment makes use of anthralin, a tar-like substance. This causes a controlled irritation on the scalp, which can induce hair re-growth.

In a similar way, a chemical called diphencyprone is applied on the scalp to simulate an allergic reaction. This method is referred to as immunotherapy. This is a miserably itchy and tedious method but it sometimes works to re-grow hair in stubborn cases.

The skin irritation works like a decoy, detracting the body's immune system from the hair roots, hence, allowing normal hair growth to resume.

Finally, bald spots can be camouflaged with hats or headbands. For some patients, the use of a hair piece or a wig can help them lead a normal life.

Even with treatment, the disease is unpredictable. Hair falls out, then re-grows, only to fall out again.

The emotional roller coaster of euphoric anticipation followed by crashing disappointment can take its toll on the patient and his family.

Families can be helped to cope with the condition through counselling and support groups. Meeting other children with AA also makes young patients realise they are not alone in their struggle.

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