

## Topical minoxidil dose-response effect in alopecia areata.

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Topical 5% minoxidil solution was used to treat 47 patients with severe alopecia areata. Forty patients (85%) had terminal hair regrowth after 48 to 60 weeks of treatment. In the majority of patients, hair regrowth was not cosmetically acceptable. Data were compared with those from a previous study with topical 1% minoxidil solution. Both the percentage of responders and the quality of their hair regrowth were significantly greater with 5% than with 1% topical minoxidil solution. One patient developed an allergic contact dermatitis to minoxidil, but no systemic side effects were detected. The results strongly suggest a dose-response effect for topical minoxidil treatment of alopecia areata and the importance of exploring modifications in dosing and delivery systems to enhance therapeutic efficacy.

## Treatment of persistent alopecia areata with sulfasalazine.

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**BACKGROUND:** Alopecia areata is an autoimmune disease with no definitive treatment, and some cases persist despite standard therapies. Sulfasalazine has been reported to show success in the treatment of persistent cases of alopecia areata. **Objective** To assess the efficacy of sulfasalazine in cases of recalcitrant alopecia areata that do not respond to topical and intralesional corticosteroids, 5% minoxidil, or psoralen plus ultraviolet-A (PUVA) therapy. **METHODS:** Thirty-nine patients with persistent alopecia areata received 3 g of oral sulfasalazine for 6 months, and terminal hair regrowth was quantified as no response, moderate response, or good response. **RESULTS:** A good response occurred in 10 of the 39 patients (25.6%), a moderate response in 12 (30.7%), and a poor or no response in

17 (43.5%). CONCLUSION: Sulfasalazine can be used as an alternative drug in patients with persistent alopecia areata.

PMID: 18717871 [PubMed - indexed for MEDLINE

( Kortfattat så har tydligen 25,6%, 10 av 39st, av patienterna vid en studie fått bra resultat med något som heter Sulfasalazine. Det är då patienter som INTE fått någon respons tidigare med vare sig PUVA, minoxidil, psoralen eller corticosteroids. 30,7 % fick en liten bättring och 43,5% fick ingen respons !!)

## **Treatments for androgenetic alopecia and alopecia areata: current options and future prospects.**

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Androgenetic alopecia and alopecia areata are common disorders of the hair follicle which may heavily influence self esteem and self image. Androgenetic alopecia is caused by the heightened sensitivity of scalp follicles to dihydro- testosterone whereas alopecia areata is induced by an autoimmune reaction. Current drug treatment approaches include the use of regrowth stimulators such as topical minoxidil and oral finasteride for androgenetic alopecia, as well as topical minoxidil, dithranol (anthralin), corticosteroids, contact sensitizers, and psoralen plus ultraviolet A irradiation (PUVA) therapy for alopecia areata. Combination regimens are also proposed. However, extreme cases of either type of alopecia do not generally respond well to these existing treatments. For this reason, new therapeutic strategies are directed towards both improving the targeting of existing agents, as well as the development of novel hypertrichotic modalities.

# Systemic steroids with or without 2% topical minoxidil in the treatment of alopecia areata.

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BACKGROUND AND DESIGN--Thirty-two patients with mild to extensive alopecia areata, including 16 patients with alopecia totalis or universalis, entered a randomized, controlled trial of a 6-week taper of prednisone followed by either 2% topical minoxidil or vehicle applied three times daily for an additional 14 weeks. The results of this study were compared with an open trial of 48 patients with alopecia areata treated with a similar taper of prednisone with concomitant 2% topical minoxidil applied twice daily. Only terminal hair growth was considered and was quantitated as 1% to 24%, 25% to 49%, 50% to 74%, and 75% to 100%: only those with more than 25% terminal hair regrowth were considered to have had an objective response. RESULTS--At the end of 6 weeks of prednisone, 47% (15/32) of patients had more than 25% regrowth, including nine of 20 patients who had had at least 75% hair loss at baseline. Side effects of prednisone were primarily weight gain and mood changes/emotional lability. At 3 months, six of seven minoxidil-treated patients vs one of six vehicle-treated patients who had an objective response to prednisone maintained or augmented this hair growth: at the 20-week visit, these numbers were three of seven and zero of four patients, respectively. In the open trial, objective hair growth with prednisone was 30%, related to the extent of hair loss at baseline, and this growth persisted in more than 50% of patients at 6 months with the use of 2% topical minoxidil. CONCLUSIONS--A 6-week taper of prednisone offers potential for more than 25% regrowth in 30% to 47% of patients with alopecia areata with predictable and transient side effects. Two percent topical minoxidil three times daily appears to help limit poststeroid hair loss.

PMID: 1444500 [PubMed - indexed for MEDLINE]