Dermoscopic Evaluation of Response to an Intralesional Corticosteroid in the Treatment of Alopecia Areata

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Aims & Objectives

To evaluate the efficacy of intralesional triamcinolone acetonide in the treatment of alopecia areata and to use dermoscopy to identify signs of early clinical response and adverse effects.

Material & Methods

Seventy patches in 60 patients were injected with steroid at 4 weeks interval and followed up for 24 weeks. Treatment response was evaluated using regrowth scale (RGS). Heine DELTA 20® dermatoscope was used to assess disease activity, response to treatment and side effects.

Results

Twenty eight patients responded early and achieved RGS of 4 within 12 weeks and 29 patients responded late and achieved RGS of 4 within 24 weeks of initiating therapy. There were 3 patients who did not achieve RGS of 4 at 24 weeks. Late and incomplete responders showed statistically significant association with family history of alopecia areata ($p<0.0001$), presence of recurrent disease ($p=0.0147$) and presence of nail changes ($p=0.0007$). Dermoscopically, 60 patches demonstrated regrowth of new vellus hair at 4 weeks. Tapering hair disappeared maximally at 4 weeks. At 12 weeks, complete disappearance was seen in tapering hairs, broken hairs and black dots whereas for yellow dots to disappear completely in all patches it took 16 weeks. The adverse effects were observed at an earlier stage using dermoscopy than clinically.

Conclusions

Intralesional triamcinolone acetonide is efficacious for treatment of localized patchy alopecia areata. Dermoscopy is very useful to identify signs of early clinical response, adverse effects and markers of disease activity.