Isolated Eyebrows and Eyelashes Trichoteiromania Mimicking Alopecia Areata

Khadija Elboukhari^{1*}, Hanane Baybay¹, Fatima Zahra Mernissi¹

¹Department of Dermatology, University Hospital of Fez, Morocco

***Corresponding Author:** Khadija Elboukhari, Department of Dermatology, University Hospital of Fez, Morocco; E-mail: elboukharikhadija89@gmail.com

Received Date: 24-09-2020; **Accepted Date:** 15-10-2020; **Published Date:** 23-10-2020

Copyright © 2020 by Elboukhari K, et al. All rights reserved. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Short Case

A 23-year-old woman, with no pathological history, was treated for alleged alopecia areata of her eyebrows and eyelashes by her usual dermatologist before being referred to our institution after treatment failure. The condition had been endured for almost two years. The affected areas were also itchy. The patient has no history of autoimmune diseases.

Our clinical examination found isolated alopecia of the eyebrows and eyelids, with hair rarefaction (Fig. 1). The pull-hair test sign was negative. The rest of the hair examination of the scalp, pubis, armpits, and body duvet was without abnormalities. The nails were respected.

For the alopecia, our differential diagnoses included alopecia areata, frontal fibrosing alopecia, and trichotillomania. Dermoscopic examination revealed erythema. There was no cadaveric or vellus hair and we did not find any yellow dot. Further dermoscopic analyses revealed black dots of different sizes, with some brushed hairs and one hook-like end hairs (Fig. 2).

The patient admitted her habits of rubbing and scratching her eyebrows and eyelashes. Our final diagnosis was trichotillomania. We commenced treatment with N-acetylcysteine and a psychological evaluation.

Trichotillomania of the scalp or lichen simplex chronicus is an uncommon condition, first defined in 2001 as a compulsive habit of pulling the patients' own hairs, with hallmarks of short hairs and split, brush-like ends [1,2]. Trichotillomania affecting only the eyebrows and eyelashes is rarely reported in the medical literature.

Dermoscopic findings concerning trichotillomania are few. The most reported sign is the brush-like ends of hairs, and this sign has also been described on the scalp. In our case, we found more black dots than brush-ends hairs, and we did not find the V sign which is more commonly described in trichotillomania [3].

We postulate that trichotillomania affecting the eyelashes and eyebrows share signs with trichotillomania on the scalp, such as black dots. Making a diagnosis of trichotillomania in our case can be difficult if the patient declined her habits of rubbing and scratching her eyebrows and eyelashes. The slight erythema found by dermoscopy is the consequence of the rubbing habit, and this has also been reported in the literature [2]. The treatment with N-acetylcysteine resulted in a favourable response. Adverse effects of selective serotonin reuptake inhibitors can also be avoided [4,5].

Figure 1: Bilateral eyebrow and eyelashes alopecia.

Figure 2: Dermoscopy of the eyebrow and eyelashes showing black dots with different sizes (yellow circles), bruché like ends hair (green circles) and one hooked hair (blue circle).

Keywords

Eyelashes; Eyebrows; Trichoteiromania; Trichotillomania; Dermoscopy

Acknowledgements

We are indebted to the patient' for giving us the consent for the publication.

Reference

1. Pereira JM. Compulsive trichoses. *An Bras Dermatol*. 2004;79(5):609-18.
2. Freyschmidt-Paul P, Hoffmann R, Happle R. Trichoteiromania. *Eur J Dermatol*. 2001;11:369-71.
3. Elboukhari K, Baybay H, Elloudi S, Douhi Z, Mernissi FZ. Isolated eyebrow alopecia: when the dermoscope makes the diagnosis. *Skin Appendage Disord*. 2020;6(3):184-6.
4. Salas-Callo CI, Pirmez R. Trichoteiromania: Good response to treatment with n-acetylcysteine. *Skin Appendage Disord*. 2019;5(4):242-5.
5. Barroso LA, Sternberg F, Nunes GJ. Trichotillomania: a good response to treatment with N-acetylcysteine. *An Bras Dermatol*. 2017;92(4):537-9.

Elboukhari K | Volume 1; Issue 3 (2020) | JDR-1(3)-011 | Short Commentary

Citation: Elboukhari K, et al. Isolated Eyebrows and Eyelashes Trichoteiromania Mimicking Alopecia Areata. *J Dermatol Res*. 2020;1(3):1-3.

DOI: <http://dx.doi.org/10.46889/JDR.2020.1301>