Care Gaps in Traction Alopecia: A Retrospective Review

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INTRODUCTION

Traction alopecia (TA) is a debilitating hair loss condition that affects black woman and children with debilitating hairstyles.[1]

Hair styled with tight braids, dreadlocks, buns and/or ponytails are at highest risk of hair shaft breakage due to the traction forces creating sites of geometric weakness.[2]

METHOD

A retrospective chart review was conducted of164 patients from 5/2012 to 9/2020 with a clinical diagnosis of TA alone or TA plus androgenetic alopecia (AGA) at the Medical University of South Carolina (MUSC). Those with an additional alopecic diagnosis other than AGA were excluded.

RESULTS

- Most patients were Female (98.2%) and Black (97.6%).
- Average age was 31.5 years (rage1.3- 84 yrs.); approximately 33.5% were pediatric.
- 72% of patients admitted to a history of braids, weaves, cornrows, dreadlocks, extensions, perms, ponytails, wigs, and/or thermal and chemical relaxants.
- Most patients exhibited Frontotemporal hair loss distribution.

RESULTS

- Most patients were diagnosed in their fourth decade of life and greater than one year after disease onset.
- All received counseling.
- 76.5% received adjunctive therapies.
- The majority (68%) did not return for follow-up after the initial visit.
- Of the 32% that followed-up, 78% were lost to follow-up within the first six months.
- Therapeutic counseling did not influence follow-up rates
- **Almost all (96.8%) patients that followed up had unchanged/stabilized or improved disease per clinician assessment.**
- The patients with improved outcomes (61.5%) had a known pre-diagnostic duration of greater than a year.

Table 1. Clinical Management and Outcomes

Number of patients [a]	
Therapeutic counseling (% total cohort)[b]	
Yes	146 (87.4)
Not documented	21 (12.6)
Adjunctive therapies (% total cohort)[c]	
Any	106 (63.5)
Topical minoxidil	36 (21.6)
Topical corticosteroids	70 (41.9)
Intralesional corticosteroids	7 (4.2)
Topical antibiotics	0 (0.0)
Systemic antibiotics	0 (0.0)
Platelet-rich plasma	1 (0.6)
None	61 (36.5)
Clinical follow-up (% total cohort)	
Yes	54 (32.3)
No	113 (67.7)
Follow-up interval (% of patients with follow-up)	
0 to < 3 months	28 (51.9)
3 to < 6 months	12 (22.2)
6 to 12 months	10 (18.5)
> 1 year	4 (7.4)
Total follow-up duration (% of patients with follow-up)	
< 6 months	38 (70.4)
6 to 12 months	6 (11.1)
> 1 year	10 (18.5)
Disease outcomes (% of patients with follow-up)[d]	
Improved	34 (63.0)
Unchanged/stabilized	18 (33.3)
Worsened	2 (3.7)

[a] Percentages may not add to 100 due to rounding. The total size of our cohort was 167 patients, and 54 patients had follow-up.
[b] Therapeutic counseling addresses current hairstyling practices and provides alternatives to reduce follicular tension and damage.
[c] The total exceeds our sample size due to the use of combination therapy in select patients.
[d] Outcomes were determined at the end of follow-up by qualitatively assessing disease severity relative to baseline.

CONCLUSIONS

TA is typically reversible in early stages; a timely diagnosis is critical to maximize therapeutic potential.

Limited clinician understanding concerning traumatic hairstyles' cultural and societal significance is one potential reason for lack of follow-up rates.

Practitioners must appreciate the personal value of these hairstyles and provide detailed recommendations for low-risk alternatives instead of complete avoidance.

These culturally sensitive practices may lead to improved compliance, thereby increasing the likelihood of sustained, positive outcomes.

REFERENCES

1. Akingbola CO, Vyas J. Traction alopecia: A neglected entity in 2017. Indian J Dermatol Venereol Leprol. 2017 Nov-Dec;83(6):644-649. doi: 10.4103/ijdvl.IJDVL_553_16. PMID: 29035284.
2. Pulickal JK, Kaliyadan F. Traction Alopecia. 2020 Aug 12. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan–. PMID: 29262008.