Sir,

Trichodynia, or “hair pain,” is defined as pain while touching the hair. Etiopathogenesis is probably multifactorial. What stands out above all is the increased expression of substance P, psychiatric disorders, and perifollicular inflammation. Some authors also take into account the nutritional deficiencies (iron, Vitamin B12, ferritin, zinc, Vitamin D, and Vitamin E).[1]

We were consulted by a 76-year-old Caucasian female presented with the complaint of hair loss of 5-year duration. She complained of pain in hair and scalp while combing the hair, when touching hair, and when wearing a hat. Symptoms were accompanied by burning of the scalp and feeling hot. There was no history usage of any application on the scalp, except for coconut hair oil, which she used for long time. She has been taking oral trazodone for 6 years because of depression. In treatment she used oral hydroxyzinum, where symptoms subsided for 2 h. She also used dexamethasone (intramuscular), bringing a 4-h improvement.

Skin examination was normal except for mild erythema and slight hair thinning [Figure 1]. The scalp was highly tender to touch. However, there were no associated cutaneous lesions. Her baseline investigations including complete blood count, blood sugar random, urinalysis, Serum Vitamin B12 levels, and serum ferritin were normal. Patch tests made a month ago were negative.

At the beginning was used hydroxyzinum 25 mg/evening and bilastine 20 mg in the morning. No satisfactory results were found.

In our experience in psychodermatosis, we use propranolol and sertraline. We used propranolol 10 mg 1 tablet daily. Receiving improvement and relief of symptoms, it happened after 5 days. We used the medicine for 2 months. The lesions were recurrence 6 months after drug discontinuation, after a major depressive attack.

Trichodynia (cutaneous dysesthesia syndrome) is a painful sensation at the scalp some. It is defined as discomfort, pain, or paresthesia of the scalp. The cause of trichodynia is not known, but it is suggested to be of multifactorial origin.[1] It is commonly believed that trichodynia correlates with emotional upset. Trichodynia is almost exclusive of patients with active telogen effluvium, was described in the alopecia areata (14% of cases), folliculitis decalvans, or frontal fibrosing alopecia.[2]

Clinically, trichodynia may reveal diffuse erythema. Dermoscopy often gives an image of widened blood vessels. The reasons still are not entirely clear but may be related to the release of the substance P, as a potent vasodilator and may explain observed here vasodilation sometimes.[3]

The skin biopsy in our patient showed vasodilatation with nonspecific lesions.

Authors from Canada proved that beta-blocker (propranolol) given within hours of a psychologically traumatic event reduces physiologic responses during subsequent mental imagery of the event.[4]

Although evaluating expression the β2-adrenergic in vascular lesions admittedly that the positivity of the receptors does not necessarily correlate with therapeutic management, we used in our patient with successfully 10 mg propranolol.

Propranolol hydrochloride is a nonselective beta-adrenergic blocking agent and is commonly prescribed for cardiovascular diseases.[5]
There is no consistently effective treatment of trichodynia. In our opinion, oral propranolol may be a therapeutic option worth trying in certain patients.

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Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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REFERENCES

1. Rebora A. Trichodynia: A review of the literature. Int J Dermatol 2016;55:382-4.
2. Hepp M, Letulé V, Lanaiskaite I, Reinholz M, Tietze JK, Wolff H, et al. Frontal fibrosing alopecia: A Retrospective analysis of 72 patients from a German academic center. Facial Plast Surg 2018;34:88-94.
3. Willmann B, Trieb RM. Hair pain (trichodynia): Frequency and relationship to hair loss and patient gender. Dermatology 2002;205:374-7.
4. Brunet A, Orr SP, Tremblay J, Robertson K, Nader K, Pitman RK, et al. Effect of post-retreival propranolol on psychophysiological responding during subsequent script-driven traumatic imagery in post-traumatic stress disorder. J Psychiatr Res 2008;42:503-6.
5. Oberlin KE. Expanding uses of propranolol in dermatology. Cutis 2017;99:E17-9.

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