INTRODUCTION

Acquired progressive kinking of the hair (APKH) and whisker hair are relatively rare conditions. To our knowledge, fewer than 25 cases have been reported in the English literature. We present the case of a 23-year-old man whose hair on the parietal and occipital areas changed and turned curlier and shorter. Patients suffering from APKH have higher risk of developing androgenetic alopecia and therefore finasteride 1 mg daily is proposed as an adequate treatment for these patients.

CASE REPORT

This blond, 23-year-old man referred that the hair around his ears and occipital area had turned darker, shorter, and curlier during the last 3 years. He also mentioned that the hair in that area was more scarce and fragile and was rather concerned about it. He had not taken any medications in the previous years nor had undergone any cosmetic procedures. No other people in his family showed similar changes on their hair. He referred no family history of androgenetic alopecia.

Clinical examination showed his normal blond, straight long hair on the frontal and parietal areas of the scalp, whereas the hair on temporal and occipital areas was brown, lusterless, short, and curly [Figures 1 and 2]. Traction test was negative.

DISCUSSION

APKH was first described by Wise and Sulzberger in 1932. APKH presents in young adults or children who show a change in texture and shape of the hair mainly on their frontotemporal areas. The hair turns coarse, curly, and lusterless. Changes in color have also been reported.

Whisker hair was first reported by Norwood in 1979. He reported a case of a patient with acquired short, curly hair, similar to that of beard on temporal and occipital areas. Whisker hair was included as a subtype of APKH by Mortimer et al. and Tosti et al. The cause of APKH and whisker hair remains unknown.

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Differential diagnosis includes, on the one hand, familial woolly hair syndromes, woolly hair nevus and uncombable hair syndrome which are congenital and, on the other hand, diffuse partial woolly hair which is acquired. In the latter, the woolly hairs are distributed among normal hairs all over the scalp.

Cases of APKH and whisker hair in males have shown to be related to rapidly progressive androgenetic alopecia. All cases reported by Tosti et al. even if five of them were under treatment with topical minoxidil, developed androgenetic alopecia along the follow-up period (mean 4.5 years).[4] Higher concentrations of dihydrotestosterone[5] in the scalp as well as miniaturization of the hair follicle and a decreased anagen to telogen ratio[6] have been reported in these patients. Moreover, Norwood proposed that patients with whisker hair might not only develop normal androgenetic alopecia but would also loose the hair around his ears and occipital area, where the curly hair was previously.[6]

As in our case, patients with these conditions might suffer from psychological stress secondary to the change in the appearance of their hair. Therefore, it is important that dermatologist recognizes these entities so that they can warn the patients about the higher risk of developing androgenetic alopecia. At the time of the report of most of the cases of APKH and whisker hair, finasteride was not approved for androgenetic alopecia. Currently, finasteride 1 mg is considered an effective drug for preventing androgenetic alopecia, and patients suffering from APKH/whisker hair should be informed about it.

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Conflicts of interest
There are no conflicts of interest.

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