Review of the Literature
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Frontal Fibrosing Alopecia
Vañó-Galván, et al. Frontal fibrosing alopecia: a multicenter review of 355 patients. J Am Acad Dermatol. 2014; 70:670-678.

Frontal fibrosing alopecia (FFA) is a scarring alopecia that seems to be increasing in prevalence around the world. The condition most commonly affects post-menopausal women and effective treatments remain to be fully elucidated.

In one of the largest studies of FFA published to date, 12 centers in Spain reported their observations with 355 affected patients over the period 1994 to 2013. The mean age was 61. Eighty percent of patients had eyebrow loss, and 39% reported eyebrow loss as the very first site of their hair loss. Body hair was lost in 24% and axillary and pubic hair was lost in approximately 20%. Fourteen percent had eyelash loss. Approximately 40% of patients had “severe” FFA, classified as recession of more than 3cm. Factors associated with “severe” FFA were eyelash loss, body hair loss and presence of facial papules.

Reported treatments included topical and intralesional steroids (130 patients), hydroxychloroquine (54 patients), finasteride (102 patients), and dutasteride (18 patients). Of patients using finasteride or dutasteride, 47% had improvement and 53% had stabilization of their disease. This was better than intralesional steroids, which led to improvement in 34% and stabilization in 49%, and oral hydroxychloroquine, which was associated with improvement in 15% and stabilization in 59%.

Comment: Prior published studies hinted at a potential benefit of 5-alpha reductase inhibitors in the treatment of FFA. This large study provides convincing evidence that these drugs are at the top of the list of effective drugs in the treatment of FFA. Surgical options were not discussed in this report and more study of how best to integrate surgery into the algorithms of FFA management is needed.◆

Efficacy and Safety of a Low-Level Laser Device
Jimenez, J.J., et al. Efficacy and safety of a low-level laser device in the treatment of male and female pattern hair loss: a multicenter, randomized, sham device-controlled, double-blind study. Am J Clin Dermatol. 2014(Jan 29). Epub ahead of print.

A limited number of published studies have reported the benefits of low level laser devices (LLLT) in the treatment of androgenetic alopecia. Continued widespread acceptance of these devices by the medical community requires independent confirmation of benefits through well-designed studies.

U.S. investigators set out to determine whether treatment with a low level laser device (the U.S. FDA-cleared HairMax® LaserComb) increases terminal hair density in both men and women with androgenetic alopecia. A randomized, sham device-controlled, double-blind clinical trial was conducted at multiple institutional and private practices. A total of 141 female and 128 male subjects aged 25-60 were randomized to receive either a laser comb (a 7 beam, 9 beam, or 12 beam HairMax device) or a sham device. Treatments were delivered on the whole scalp three times a week for 26 weeks. Patients who used any other hair growth promoting treatment in the prior 6 months (e.g., minoxidil or finasteride) were excluded from the study.

Overall, hair counts at week 26 were greater in male and female subjects using the laser comb compared to the sham device. A meta-analyses providing an overall assessment of the individual study results showed a difference of change in terminal hair density of 15 per cm² between users of the LLLT device and the sham device, and this was highly statistically significant (p < 0.0001). The increase in terminal hair density was independent of the age and sex of the subject and the particular HairMax LaserComb model.

Additionally, in a self-assessment questionnaire, a greater proportion of female patients using the 9-beam device reported improvement in their hair loss condition compared with sham-treated subjects (84% vs. 50%, p = 0.03) as well as an improvement in the thickness and fullness of their hair (72% vs. 46%, p = 0.03). Female patients using the 12-beam device and male patients using the 7-, 9-, or 12-beam device did not report differences in improvement of their hair loss condition compared to the sham device. However, male patients did report an improvement in the thickness and fullness of their hair compared to males using the sham device (57% vs. 36%, p = 0.01). No serious adverse events were reported in any subject receiving the LaserComb in any of the four trials.

Comment: This study provides further confirmation that LLLT devices safely improve terminal hair density. Physician assessments of global benefits (i.e., comparison of before and after photos) were not done in this particular study. Overall, a proportion of users of these particular LLLT devices are expected to feel their hair is thicker and fuller and that their hair loss condition was improved.◆