INTRODUCTION

Colchicine is an alkaloid found in the plant Colchicum autumnale, first recommended for the relief of articular pain in the 6th century A.D., and now most commonly used to treat gout, familial Mediterranean fever, Behçet's disease, atrial fibrillation following cardiac tissue ablation, and pericarditis. Colchicine poisoning is an uncommon, but potentially life-threatening toxicologic emergency. An overdose of colchicine inhibits cell division, and thus the most affected organs are those which have a high rate of cell turnover. Hair loss resulting from colchicine poisoning presents as anagen effluvium, as it occurs with an exposure to toxic chemicals. Pharmacotherapy or specific treatment is not usually required, since the follicle resumes its normal activity after withdrawal of the antimitotic factors.

CASE REPORT

We present a case of a 17-year-old girl with a personal history of depression, several suicide attempts, alimentary behavioural disorder, and a recently diagnosed pericarditis, for which she was taking colchicine (1 mg/day). She was admitted to the Psychiatric Department of our hospital after recovering from a suicide attempt, apparently taking 40 pills of colchicine (40 mg), which led to severe pancreatitis and bicytopenia. One week after poisoning, a sudden onset of hair loss was observed [Figure 1]. Positive hair pull test (+++) and trichoscopy demonstrated the presence of anagen hairs with pigmented long roots covered by the root sheaths [Figure 2a]. Dermoscopy of the scalp showed no signs of trichotillomania such as broken hairs, black dots, flame hair, V-sign, or follicular hemorrhages [Figure 2b]. The diagnosis of anagen effluvium following acute colchicine poisoning was made.

DISCUSSION

As occurs with exposure to toxic chemicals, hair loss due to colchicine poisoning presents as anagen effluvium.[9] Hair loss usually begins 7–14 days after the exposure and gradually recovers after 3–6 months, as the follicular ostia remains intact. Pharmacotherapy or specific treatment is not usually required because the follicle resumes its normal activity after withdrawal of the antimitotic factors.

Key words: Alopecia, anagen, colchicine, effluvium
normal activity after withdrawal of the antimitotic factors. Anagen effluvium should be differentiated from telogen effluvium, androgenetic alopecia, and trichotillomania. In this case, we focused on the differential diagnosis between trichotillomania and anagen effluvium because of the personal psychiatric history of the patient. There are few reports in the literature describing hair loss following acute colchicine poisoning, and none of them are recent. To our knowledge, this is the first report describing the dermoscopic and trichoscopic findings in colchicine poisoning alopecia. Physicians should bear in mind this infrequent cause of anagen effluvium and try to avoid prescribing colchicine to psychiatric patients due to its potentially dangerous side effects.

**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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**Conflict of interest**

There are no conflicts of interest.

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