

Short Communication

A case of annular alopecia areata of the scalp

Alopecia areata is a common inflammatory disease of the hair characterized by nonscarring hair loss.¹ Herein, we present a case of alopecia areata with an unusual annular pattern of hair loss over the scalp.

A 40-year-old male presented to us with complaint of loss of hair from the scalp and beard area for one and a half months. The loss was sudden in onset, gradually progressive and asymptomatic in nature. There was no history of similar disease in the past, in other family members or drug intake. There was no history suggestive of diabetes mellitus or thyroid disease. On examination, two well-circumscribed patches of non scarring hair loss were seen over the scalp, one of size 5x4cm over the frontal aspect and another of 4x4cm over the vertex (**Figure 1** and **2**). Both patches had annular pattern of hair loss with a central tuft of terminal hair still present. Few gray hair could be seen over the bald areas. The skin of the bald area did not show any changes or signs of inflammation. Multiple circumscribed areas of non scarring alopecia were also present over the moustache and beard (**Figure 3**). Rest of the cutaneous and systemic examination was normal. A potassium hydroxide mount from the lesion was negative. Histopathology from the hairless area of the scalp showed few vellus hair follicles and an a perifollicular mononuclear infiltration. Based on clinical and histopathological evidence, a diagnosis of alopecia areata was made.



Figure 1 Annular pattern of nonscarring alopecia over the frontal scalp



Figure 2 Annular pattern of nonscarring hair loss over the vertex of scalp.



Figure 3 Well-defined patches of non scarring alopecia over the beard area.

Alopecia areata is considered to be a T cell-mediated autoimmune disease characterized by round to oval, circumscribed patches of nonscarring alopecia with broken hair at the periphery called the exclamation mark hair. The disease preferentially affects pigmented hair and the nonpigmented grey hair is relatively spared in the process, as was seen in our patient.¹

Alopecia areata has rarely been reported in unusual patterns. A linear pattern has been described which was found to be a variant of lupus profundus.² A rectangular pattern has been associated with malignancies.³ Annular pattern has been reported in only three patients, all by Bansal *et al.* in two different reports.^{4,5} None of these cases have been reported to be associated with any systemic disease.

Our case highlights that alopecia areata may present in atypical morphological forms posing diagnostic difficulties.

References

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