CENTRAL CENTRIFUGAL CICATRICIAL ALOPECIA

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Central Centrifugal Cicatricial Alopecia (CCCA) is a dermatologic disease that presents with permanent hair loss in the central or crown region of the scalp. The common pattern of hair loss is in a circular distribution that can have a gradual or rapid progression depending on the individual. This condition commonly affects middle age women of African descent usually between the ages of 30 to 55 years old and it typically runs in families. It is the most frequent cause of alopecia in African Americans. It is uncommon to see this condition in men and children.

The main cause of CCCA is unknown, but physicians and scientists have suggested a few theories that the cause is multifactorial. Factors that could be contributory to the development of CCCA are genetics, history of autoimmune disease, and various hairstyling practices such as excessive heat and tension chemical relaxers on the scalp that are known to be used in the black community. Extensive research is needed to provide an understanding of the major cause of CCCA or if these potential factors essentially contribute to the development of CCCA.

Although, the cause of CCCA is not well understood. A scalp sample taken by the physician also known as a scalp biopsy is observed under a microscope to aid in the diagnosis of the condition. The typically presentation found in pathology is significant inflammation and scarring around the hair follicles and supportive tissue.

The signs and symptoms of CCCA can vary per individual, but some people experience burning, itching, redness, tenderness, scaling (flaking), and small bumps in the region of hair loss. Most individuals do not experience additional symptoms other than the hair loss. Diagnosis of CCCA is usually made through clinical examination and detailed patient history. After diagnosis, CCCA is staged to assess the severity of the hair loss from a scale of 0 to 5. Zero indicates normal hair density while 5 indicates severe alopecia. CCCA may often be confused with other diseases such as female pattern hair loss, tinea capitis, or lichen planopilaris, which can lead patients to get misdiagnosed.

Treatment for CCCA is focused on relieving the symptoms by slowing or stopping further hair loss, promoting regrowth of hair and prevention of permanent scarring, in which hair regrowth is difficult to achieve. It is best to diagnosis and treat CCCA in the early stages prior to permanent hair loss. The most common form of treatment is anti-inflammatory medications. For mild CCCA, patients are often treated with topical steroid medications, which is self-applied by the patient, and a possible combination of local corticosteroid injections in the scalp performed by the physician usually in 4-8 week intervals. Severe CCCA may also include mild CCCA treatment modalities with oral medications that suppress the immune system therefore treating the inflammation. Lastly, hair transplantation can be considered in patients with severe CCCA.

Women with CCCA should be educated on hair care practices to decrease further progression of the disease as well as minimal hair care grooming is recommended. Patients with severe CCCA should be counselled and educated on various head covering techniques to prevent sun damage and skin cancer.