Clinical Pearls:

- Eyebrow loss or madarosis can be secondary to many conditions and have many causes.
- Some diseases as alopecia areata (AA), trichotillomania, tinea capitis have a typical dermatoscopic pattern and the findings of the eyebrows are similar to the scalp.
- Congenital hair shaft abnormalities can also affect the eyebrows. Dermoscopy can show typical findings of monilethrix and trichorrhexis invaginata, pathognomonic of Netherton syndrome. The density of trichorrhexis invaginata lesions is greater in eyebrow than scalp hair, so the exam of the eyebrows increases the chance of a positive diagnosis.
- Eyebrow loss is present in 80% of Frontal Fibrosing Alopecia (FFA) patients and is the first sign of disease in 36% of cases. Clinically, eyebrow loss is non-inflammatory and non-scarring. It is insidious and non-characteristic, patients themselves consider it normal, related to aging or post menopause. Different from scalp, there is no perifollicular erythema, scaling or papules. However, biopsy of eyebrows shows perifollicular lymphocytic infiltrate, fibrosis, and interface change, even with absence of inflammation on surface. Waśkiel-Burnat A et al recently published the trichoscopic markers of eyebrow loss in AA and FFA. The most characteristic features of AA eyebrow loss include exclamation mark hairs, tapered hairs, broken hairs and black dots. FFA of the eyebrows is characterized by the presence of dystrophic hairs, white areas and eyebrow regrowth in distinct directions. Always check the hairline for FFA signs. In cases with absence of scalp alteration, consider biopsying the eyebrows because it can be the first sign of FFA.

References:


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