

P1501

A QUANTITATIVE HAIR GROWTH ASSESSMENT IN ANDROGENETIC ALOPECIA AFTER APPLICATION OF TWO COSMETIC LOTIONS VERSUS 2% TOPICAL MINOXIDIL

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The purpose of this study was to evaluate hair growth modulation by a complex of two cosmetic lotions: a day lotion containing 5 α -reductase inhibitor and a night lotion containing an angiogenic active ingredient.

Hair growth was assessed by hair weight quantification during a 12-month period in 3 groups of a total of 125 male and female subjects with androgenetic alopecia (AGA). The 3 unblinded groups applied daily and randomly the complex of the night and day lotions (N/D), the mix of the two lotions in one product (MIX), or minoxidil 2% lotion (M). Subjects underwent a total of 7 hair samplings at 2-month intervals for 14 months (2 months untreated, then 12 months of topical application). The hair sampling was performed by cutting the hair from a 1-cm² semipermanent tattooed scalp area. One hundred five subjects completed the 12-month study.

Results showed statistically significant hair weight increase in the 3 groups from the first 2 months' application. The subjects' opinion on the cosmetic agreement of the products showed best results for the cosmetic lotions compared with the M group, especially for ease of application (agreement of 97% for cosmetic lotions and 70% for M) and penetration rate (97% for cosmetic lotions and 88% for M). Hair effects were best in the N/D group. Patients have particularly appreciated the nongreasy aspect (agreement of 80%), the nonsticky touch (agreement of 95%), the head dressing ease (agreement of 95%), and ease in hair style keeping (agreement of 87%). Local tolerance of the cosmetic products was very good even though 2 patients were prematurely withdrawn from the study because of adverse events associated with minoxidil.

In conclusion, hair weight seems to be a sensitive method for evaluating variation of hair loss. We also demonstrate that the daily application of a 5 α -reductase inhibitor in a day lotion and an angiogenic active ingredient in a night lotion may be a good alternative to counteract hair loss, with better cosmetic hair effects than the same ingredients in one product and 2% minoxidil and better local tolerance than 2% minoxidil.

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P1502

A RANDOMIZED, BLINDED, THREE-ARM, MULTICENTER TRIAL COMPARING THE EFFICACY AND SAFETY OF FLUCONAZOLE GIVEN ONCE DAILY FOR 3 OR 6 WEEKS WITH GRISEOFULVIN GIVEN ONCE DAILY FOR 6 WEEKS IN PEDIATRIC PATIENTS WITH TINEA CAPITIS

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We sought to establish the safety, efficacy, and optimal length of fluconazole therapy in children with tinea capitis through a randomized, third-party blind, three-arm, multicenter trial designed to identify a therapeutically superior agent with combined (mycologic and clinical) efficacy as the primary endpoint. Subjects were randomized to receive one of three regimens: (1) fluconazole, 6 mg/kg/d for 3 weeks' duration followed by placebo for 3 weeks, (2) fluconazole 6 mg/kg/d for 6 weeks' duration, or (3) griseofulvin 11 mg/kg/d for 6 weeks' duration. Subjects were treated with study drug for 6 weeks and followed for 4 weeks after the last dose. Outcomes were evaluated at baseline and at weeks 3, 6, and 10.

A total of 348 subjects completed the study. Analysis of mycologic outcomes at week 10 showed that 51.8% of subjects in the fluconazole 6-week group, 59.6% of subjects in the griseofulvin group, and 50.5% of subjects in the fluconazole 3-week group had negative fungal cultures, and the response rates between the fluconazole 6-week and griseofulvin groups were comparable. Analysis of clinical outcomes at week 10 showed that 90.2% of subjects in the fluconazole 6-week group, 92.3% of subjects in the griseofulvin group, and 86.2% of individuals in the fluconazole 3-week group had either clinical cure or substantial improvement in their symptoms, and response rates between the fluconazole 6-week and griseofulvin groups were comparable. Analysis of combined efficacy at week 10 showed success (culture negativity + clinical cure) in 32.1% of subjects in the fluconazole 6-week group, 32.7% of subjects in the griseofulvin group, and 33.9% of subjects in the fluconazole 3-week group. Combined efficacies of the fluconazole 6-week and griseofulvin regimens were comparable, and the incidence of treatment emergent adverse events was similar among the 3 treatment groups.

In conclusion, there were no differences in clinical, mycologic, and combined outcomes between the fluconazole 6-week and griseofulvin groups in this study, and no therapeutically superior agent could be statistically demonstrated. Despite this finding, however, our data suggest therapeutic comparability between 6-week courses of fluconazole and griseofulvin and support a role for fluconazole as a safe and efficacious alternative to griseofulvin in the treatment of pediatric tinea capitis.

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P1503

ACUTE, DIFFUSE AND TOTAL ALOPECIA

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Alopecia areata (AA) commonly starts with ovoid patches of hair loss and then presents several different clinical forms. Diffuse AA, the least common clinical type, lacks the characteristic patches of alopecia and begins as diffuse hair loss.

We studied 10 patients (9 female and 1 male) who showed acute, diffuse, and total hair loss of the scalp within 2 months after their first visit to our hospital by comparing their clinical course, laboratory tests, and histopathological findings with those of other types of AA.

None of the patients had a background of systemic disease, telogen effluvium, or previous history of AA. Most patients were female approximately 30 years of age. They showed the appearance of hair regrowth within 6 months. Histopathology of the lesion revealed an infiltration of mononuclear cells around the hair follicles.

These cases can be categorized as an "acute diffuse and total alopecia of the female scalp" that has been suggested by Sato-Kawamura et al.

Nothing to disclose.

P1504

ALOPECIA AREATA IN THE UNITED STATES: OUTPATIENT UTILIZATION AND COMMON PRESCRIBING PATTERNS

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Alopecia areata (AA) is an autoimmune form of hair loss that can be psychologically devastating. There are few data on the frequency of AA, and no previous attempt has been made to characterize patterns of treatment. This study assesses patient characteristics and common treatments for AA by analyzing visits for AA using National Ambulatory Medical Care (NAMCS) survey data; basic demographic characteristics, specialty of the physician provider, and medications listed at these visits over the 1990-2000 interval were analyzed. There were 9.7 million visits for all types of alopecia over the 11-year period, of which AA accounted for 25% of these visits. Most visits for AA were with dermatologists (88%) and white patients represented 80% of the visits; female visits accounted for more than 57% of the visits, and approximately 60% of individuals were older than 39 years of age. The majority of patients with AA had several dermatologic diagnoses evaluated at the time of visit for AA. There were no identifiable comorbid autoimmune diseases. An injectable preparation of triamcinolone was the most mentioned medication. In summary, AA was found to be a common form of hair loss in the United States. Demographic profiles in this population differed somewhat from previous studies and there was considerable variation observed in treatment patterns. Ideally, this information can be used to further educational efforts and direct research efforts so that those suffering from AA can receive the best possible care.

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