

INTRODUCTION

Traction alopecia (TA) is a debilitating hair loss condition that affects black woman and children with debilitating hairstyles.¹

Hair styled with tight braids, dreadlocks, buns and/or ponytails are at highest risk of hair shaft breakage due to the traction forces creating sites of geometric weakness.²

METHOD

A retrospective chart review was conducted of 164 patients from 5/2012 to 9/2020 with a clinical diagnosis of TA alone or TA plus androgenetic alopecia (AGA) at the Medical University of South Carolina (MUSC). Those with an additional alopecic diagnosis other than AGA were excluded.

RESULTS

- Most patients were Female (98.2%) and Black (97.6%).
- Average age was 31.5 years (rage1.3-84 yrs.); approximately 33.5% were pediatric.
- 72% of patients admitted to a history of braids, weaves, cornrows, dreadlocks, extensions, perms, ponytails, wigs, and/or thermal and chemical relaxants.
- Most patients exhibited Frontotemporal hair loss distribution.

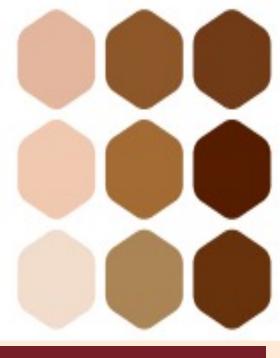
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^a Percentag our cohort ^b Therapeu provides a ^c The total therapy in ^d Outcomes assessing c

Care Gaps in Traction Alopecia: A Retrospective Review

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RESULTS		
ost patients were diagnosed in ^{Ta} eir fourth decade of life and eater than one year after disease set.	ble 1. Clinical Management a Number of patients ^a Therapeutic counseling (% total Yes Not documented	
received counseling. 5% received adjunctive erapies. e majority (68%) did not return for low-up after the initial visit. the 32% that followed-up, 78%	Adjunctive therapies (% total co Any Topical minoxidil Topical corticosteroids Intralesional corticosteroids Topical antibiotics Systemic antibiotics	5hort)^c 106 (63.5) 36 (21.6) 70 (41.9) 7 (4.2) 0 (0.0) 0 (0.0)
ere lost to follow-up within the first months. erapeutic counseling did not uence follow-up rates nost all (96.8%) patients that	Platelet-rich plasma None Clinical follow-up (% total coho Yes No	1 (0.6) 61 (36.5) rt) 54 (32.3) 113 (67.7)
lowed up had changed/stabilized or improved ease per clinician assessment. e patients with improved tcomes (61.5%) had a known	Follow-up interval (% of patients 0 to < 3 months 3 to < 6 months 6 to 12 months > 1 year	28 (51.9) 12 (22.2) 10 (18.5) 4 (7.4)
e-diagnostic duration of greater on a year. ages may not add to 100 due to rounding. The total size of t was 167 patients, and 54 patients had follow-up. utic counseling addresses current hairstyling practices and	Total follow-up duration (% of po follow-up) < 6 months 6 to 12 months > 1 year	38 (70.4) 6 (11.1) 10 (18.5)
alternatives to reduce follicular tension and damage. I exceeds our sample size due to the use of combination in select patients. es were determined at the end of follow-up by qualitatively disease severity relative to baseline.	Disease outcomes (% of patient up) ^d Improved Unchanged/stabilized Worsened	34 (63.0) 18 (33.3) 2 (3.7)



	CONCLUSIONS
S	TA is typically reversible in early stages; a timely diagnosis is critical to maximize therapeutic potential.
	Limited clinician understanding concerning traumatic hairstyles' cultural and societal significance is one potential reason for lack of follow-up rates.
5)	Practitioners must appreciate the personal value of these hairstyles and provide detailed recommendations for low-risk alternatives instead of complete avoidance.
	These culturally sensitive practices may lead to improved compliance, thereby increasing the likelihood of sustained, positive outcomes.
	REFERENCES
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