



HAIR DISORDERS

A CASE OF ACQUIRED PROGRESSIVE KINKING OF THE HAIR

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Background: An otherwise well 16 year old male presented with a 4 year history of thinning and hair loss over the fronto-temporal and vertex regions of the scalp. He also reported a localised patch over the mid-frontal scalp becoming curly, and difficult to comb. His father suffered from androgenic alopecia at around 35 years of age. There was no history of parental consanguinity, family history of woolly hair disorder, keratoderma, cardiomyopathy or sudden unexplained death.

Observation: Examination revealed bitemporal recession and thinning of hair over the scalp vertex, with variable hair fibre calibre and brown perifollicular pigmentation. Mid-frontal scalp hair displayed irregular coiling and a coarse texture. Slight colour variation was noted with a few reddish hairs. There was no demonstrable hair shaft fragility. Teeth, nails and sweating were normal. Light and polarised light microscopy of affected hair specimens showed irregular twists and kinks along the hair shafts, though no fractures. Normal telogen bulbs were seen, cuticles were unremarkable and the hair ends were normally tapered. Blood tests were unremarkable. The clinical features and onset were consistent with acquired progressive kinking of the hair.

Key Message: Acquired progressive kinking of the hair is a rare disorder, with, to our knowledge, only 26 cases reported in the English literature. It is considered a precursor to, or form of, androgenic alopecia, of which there is often a family history. High scalp concentrations of dihydrotestosterone, reduced anagen:telogen ratio and hair follicle miniaturisation have been identified. Characteristically short, coiled, lustreless hair of the frontotemporal region is described, progressing rapidly to male pattern alopecia. Prognosis is poor, with cases typically refractory to topical minoxidil. Finasteride has also been proposed as a treatment, though no benefit has yet been demonstrated.

