What you should know about

C.C.C.A.

CENTRAL CENTRIFUGAL CICATRICIAL ALOPECIA

C.A.R.F.

CICATRICIAL ALOPECIA RESEARCH FOUNDATION

www.carfintl.org

FREQUENTLY ASKED

QUESTIONS

about central centrifugal cicatricial (scarring) alopecia

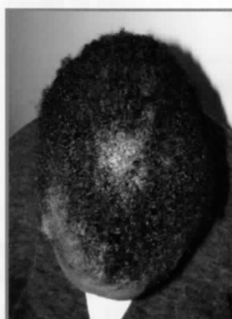
What is central centrifugal cicatricial alopecia (CCCA)?

> CCCA belongs to a group of disorders called cicatricial or scarring alopecia caused by inflammation that destroys the hair follicle

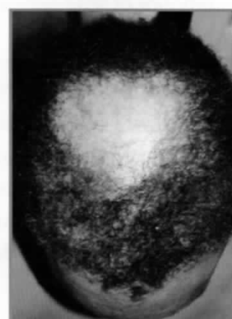
CCCA belongs to a group of disorders called cicatricial or scarring alopecias that destroy the hair follicle, replace it with scar tissue, and cause permanent hair loss. Women with CCCA develop an area of thinning at the center of their scalp, and this gradually enlarges and spreads outward, hence the name "central centrifugal". The inflammation that destroys the hair follicle is below the skin surface and there is usually no "scar" seen on the scalp.

Who does CCCA affect?

CCCA typically occurs in women of African descent, but rarely occurs in women of other ethnic groups and men. It usually presents in individuals 25-65 years of age. There have been several reports of CCCA occurring in families and genetic studies are currently underway to further identify possible contributing genes. However, the majority of patients with CCCA have no family history of a similar condition.



Early CCCA



Late CCCA

What are the symptoms and signs of CCCA?

In many cases, there are no symptoms at all. In some cases, the hair loss is associated with itching, burning, tenderness, pain or a tingling sensation. The bare area gradually enlarges and may affect a large portion of the central scalp with only few solitary hairs remaining. Two other hair problems, hair breakage and traction alopecia (hair loss along the hairline), may be present in some women with CCCA, but it is not clear if they are at all related to the scarring process. Hair breakage and traction alopecia are both due to hair styling and hair grooming practices and the relationship to the development of CCCA is still being determined.

What causes CCCA?

The cause is unknown. Genetic factors may be important, and inflammation plays a role in the process. The inflammation, in the form of white blood cells, surrounds the hair follicles and gradually destroys them.

What tests are done to confirm CCCA?

> Results from the scalp biopsy are used to select appropriate therapy

Experienced dermatologists will suspect the diagnosis of CCCA from the appearance of the scalp. A scalp biopsy may be done to confirm the diagnosis. The biopsy procedure is performed in the office with a local anesthetic, and a small skin sample is taken for microscopic examination. The most helpful information from the biopsy is the extent of inflammation, number of hair follicles present, and the amount of scar tissue, which are all used to select appropriate therapy.

What are the goals of treatment?

The goals of treatment are to relieve symptoms, signs, and halt spread of the disease. Hair re-growth is not possible after the hair follicles are replaced by scar tissue. For this reason, it is important to start treatment early before the hair loss is extensive.

How is CCCA treated?

> Begin treatment as early as possible to halt the inflammatory process and follicle destruction

Treatments include anti-inflammatory medications to decrease the inflammation that is surrounding and destroying the hair follicles.

If the inflammation is severe, oral medication is needed such as doxycycline (an antibiotic with anti-inflammatory properties), or hydroxychloroquine (an antimalarial drug with properties similar to cortisone but without the same side effects).

Topical medications include strong corticosteroids in the form of ointments, oils, solutions, lotions, foams, sprays or shampoos to calm itching, redness, or pain. Topical tacrolimus may also be helpful.

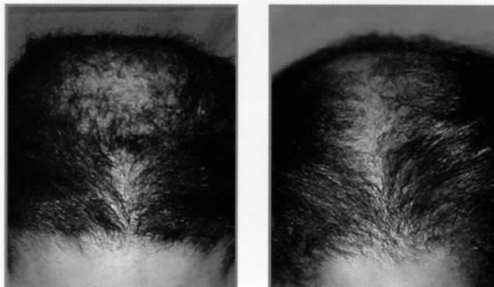
Injections of corticosteroid, such as triamcinolone acetonide, may be used in inflamed and symptomatic areas.

Topical minoxidil may be useful in the form of solution or foam to keep the remaining follicles in their growing phase longer and stimulate longer hair growth.

Hair transplantation is an option only in selected cases and after the inflammation has been controlled and hair loss is no longer spreading.

Are cicatricial alopecias associated with other illnesses?

In general, cicatricial alopecias are not associated with other illnesses.



Photos shown are of different individuals.

How should I care for my hair?

Handle hair gently and avoid excessive heat and chemicals

Women with CCCA should handle their hair gently, and may continue to use their usual shampoo and conditioner if there is no breakage or traction alopecia.

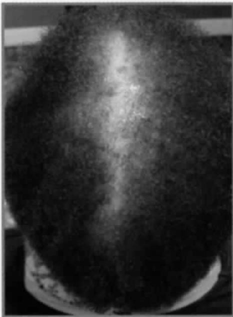
When hair breakage is present, the hair is short and seems to have "stopped growing". It is then important to avoid excessive heat. Chemicals such as perms and relaxers should also be minimized, and the interval between them increased to 8 weeks or longer. A hair piece or wig is a good way to give hair a rest from heat and chemicals.

When traction alopecia is present, avoid pulling hair styles such as tight ponytails; braids and corn rows should be loose and not pulled tightly at the scalp; heavy hair extensions should be avoided.

Where can I go for more information about CCCA?

Find a hair specialist:
www.carfintl.org
www.aad.org
www.nahrs.org

Diagnosis and treatment of cicatricial alopecias is often challenging. For this reason, it is helpful to be evaluated by a dermatologist with a special interest or expertise in scalp and hair disorders, and who is familiar with current diagnostic methods and therapies. A hair specialist who is experienced in the evaluation and treatment of patients with cicatricial alopecias may be found by contacting the Cicatricial Alopecia Research Foundation (www.carfintl.org), the American Academy of Dermatology (www.aad.org), or the North American Hair Research Society (www.nahrs.org)



Thank you to Yolanda M. Lenzy, MD/MPH, who contributed to the contents of this brochure.

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