STUDYING THE CONDITION OF HAIR FALLS IN PATIENTS WITH HAIR THINKING AND IDENTIFYING MICROMARKERS OF DIFFERENT TYPES OF ALOPICES

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Abstract: The task set before us for writing this article was to study the condition of hair follicles in patients with hair thinning and to identify micromarkers of various types of alopecia. To achieve our goals and objectives, we analyzed 2110 patients under our supervision for 7 years - 714 men and 1396 women, aged from 21 to 53 years. Of which, androgenetic alopecia accounted for 1169 people - 55.4%, diffuse alopecia - 798 people (37.8%), focal alopecia - 144 people (6.8%). The duration of hair loss ranged from 1 month (mainly in patients with alopecia areata) to 3 years. As a result, we came to the conclusion that miniaturization and deformation of the anagen bulb, an increased number of hairs in the telogen stage, as well as a decrease in the diameter of the bulb relative to the hair shaft are not only the most common , but also universal microscopic signs for all types of hair loss. Aplasia of the bulb, as an extreme degree of dystrophy, and trichomalacia occurred mainly with alopecia areata in a progressive stage. Normal anagen, as a microscopic sign of hair health, was observed in our patients with alopecia, as one would expect, extremely rarely.

Key words: hair follicles, alopecia.

Introduction: Lopecia [1] (literally " baldness " from ancient Greek ἀλω πεκία through Latin alopecia " baldness, baldness") is pathological hair loss, leading to its partial or complete disappearance in certain areas of the head or torso. The most common types of alopecia include androgenetic (androgenetic), diffuse or symptomatic (effluviums), focal or nested (areata), scarring (scarring)[2][3]. by prevalence

- total [pl] or atrichia [en] (loss and absence of hair on the head (including eyebrows and eyelashes) and even on the entire body);
- diffuse or hypotrichia (thinning and thinning of hair throughout the head or body, including: Unna syndrome [de], anagen baldness [en], telogen effluvium [en], with lichen asbestos);

- focal or cluster (the appearance of areas of complete absence of hair, including: frontal fibrous alopecia [en], temporal triangular alopecia [en]*, ophiasis (band-shaped alopecia)[en]);

for scarring of the hair follicle

- scarring (hair does not grow on scarred skin)[6]:

primary, for example, with pseudopelade (circular atrophic alopecia) [en], Kenko's folliculitis decalvans [de], Pusey's dissecting cellulitis (undermining folliculitis and perifolliculitis of the head) [en], central centrifugal cicatricial alopecia [en], keloid folliculitis (keloid acne) [en];

secondary, for example, with post-traumatic scars, scleroderma, mucinous folliculitis , etc .;

- non-scarring [en], for example: premature (presenile, androgenic) - male pattern baldness of the scalp, associated with the level of male sex hormones in the blood; traction alopecia (manipulative, samurai disease)[en] - usually caused by wearing certain hairstyles that tighten the hair;
- mixed, for example: Piccardi - Lassuere -Graham- Little syndrome [de] - scarring alopecia of the scalp and non-scarring alopecia of the axillary and groin areas, observed with lichen planus [de], a type of lichen planus, can be combined with vulvo -vaginal- gingival syndrome [en] and frontal fibrosing alopecia .

In addition, alopecia can accompany certain diseases - for example, syphilis, ringworm, trichotillomania , progeria , cutaneous myxedema, Fox - Fordyce disease [en], Sjögren-Larssen syndrome [en], radiation sickness, lamellar ichthyosis, etc.

Purpose of the study: to study the condition of hair follicles in patients with hair thinning and to identify micromarkers of various types of alopecia .

Materials and methods of research: under our supervision for 7 years there were 2110 patients - 714 men and 1396 women, aged from 21 to 53 years. Of which, androgenetic alopecia accounted for 1169 people - 55.4%, diffuse alopecia - 798 people (37.8%), focal alopecia - 144 people (6.8%). The duration of hair loss ranged from 1 month (mainly in patients with alopecia areata) to 3 years (mainly in patients with androgenic alopecia). The diagnosis of androgenetic alopecia in women was confirmed by the results of hormonal status. In order to study the condition of hair follicles and determine micromarkers alopecia , a microscope with 60x magnification and the ability to photograph the field of view was used. Hair epilated with tweezers from different areas of the scalp was examined microscopically in each patient . **Results:** during the examination, the following pathological changes in hair follicles and hair shafts were identified: miniaturization - 76% (in 1604 patients), reduction in the diameter of the bulb relative to the shaft - 26% (in 549 patients), aplasia of the bulb - 3.2% (in 68 patients), deformity - 43% (in 907 patients), false hypertrophy - 35.6% (in 751 patients), normal anagen - 1.5% (in 32 patients), telogen - 44% (in 928 patients),

trichomalacia – 1.4% (in 30 patients), trichorrhexis – 22.1% (in 466 patients), cuticle porosity – 33.2% (in 700 patients). **Conclusions:** Thus, it was found that miniaturization and deformation of the anagen bulb, an increased number of hairs in the telogen stage , as well as a decrease in the diameter of the bulb relative to the hair shaft are not only the most common, but also universal microscopic signs for all types of hair loss. Aplasia of the bulb, as an extreme degree of dystrophy, and trichomalacia occurred mainly with alopecia areata in a progressive stage. False hypertrophy of the bulb, which develops as a result of hypersecretion of sebum, is a consequence of hyperandrogenism and most often accompanies androgenic alopecia . Changes in the hair shafts in the form of trichorrhexis and signs of cuticle dehydration are most characteristic of diffuse alopecia . Normal anagen , as a microscopic sign of hair health, was observed in our patients with alopecia , as one would expect, extremely rarely.

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