CASE REPORT

Trichotillomania

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ABSTRACT
Trichotillomania is an anxiety disorder characterized by persistent and excessive pulling of one's own hair, resulting in a noticeable hair loss. The understanding about the disorder is still not very clear. Hair pulling can occur on any part of the body where hair grows. The most common area of hair pulling is the scalp, followed less commonly by the eyebrows, eyelashes, and pubic region. Here I report a case of Trichotillomania in a 16 years old girl.
Key Words: Trichotillomania, Hair loss, Anxiety.

Introduction:

Trichotillomania is an anxiety disorder characterized by persistent and excessive pulling of one's own hair, resulting in a noticeable hair loss. The understanding about the disorder is still not very clear. Hair pulling can occur on any part of the body where hair grows. The most common area of hair pulling is the scalp, followed less commonly by the eyebrows, eyelashes, and pubic region [1]. The diagnostic criteria for Trichotillomania include : recurrent pulling out of one's hair, resulting in noticeable hair loss; an increasing sense of tension immediately before pulling out the hair or when attempting to resist the behavior; pleasure, gratification or relief when pulling out the hair, the disturbance is not better accounted for by another mental disorder and is not due to a general medical condition and the disturbance causes clinically significant distress or impairment in social , occupational , or other important areas of functioning [2,3].

Social implications of this disorder lead to personal deny and unreporting, thus lead to difficulty in estimation the prevalence of the disease. It was reported that 0.6% to 13.3% of different social classes were affected Trichotillomania [4-12]. I do report a case of Trichotillomania in a girl who presented with hair loss over the scalp.

Case Report:

A sixteen years old female presented with hair fall of two years duration. She claims that received different treatment courses but without improvement. On examination, there was a hair loss with a distribution resembling androgenic alopecia. Short, broken hairs of variable length were present, palpable as stubble. There were no skin lesions; no scaling and no other abnormality was detected. Potassium hydroxide examination of the hair was negative. She looks well and there are no any signs and symptoms of malnutrition or hormonal disturbance. All

laboratory investigations were with normal limit. She refused photographing of her lesion. I kept her on minoxidil 5% spray , antihistamines and tranquilizer.

Discussion:

Trichotillomania is a disorder of compulsive hair pulling that results in a regional hair loss [13,14] . While in dermatology, Trichotillomania is classified as a self inflicted dermatoses, in psychiatry is classified as impulse –control disorder [15] along with conditions such as compulsive gambling and kleptomania. Trichotillomania in children is commonly associated with nail bitting, thumb sucking, anxiety and learning disability while adult's patients show more diverse psychpathology with depression, anxiety, obsessive-compulsive disorder and panic attacks.

Trichotillomania is a term coined by Hallopeau [16], a French dermatologist, in 1889. It literally means a morbid craving to pull out hair. The disorder may be due to multifaceted etiology, including alteration in brain metabolism, a positive family history, a disturbed social setting and possibly maternal deprivation [17]. The disease with worldwide distribution and it may resemble a serious condition [18,19].

Trichotillomania classified by psychiatrists under the impulse control disorders [15]. Since no other abnormal finding determined during physical examination and all laboratory investigations were normal. I interviewed the patient and her mother with detailed medical and social histories. According to the interview I found that this case was a Trichotillomania.

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Trichotillomania usually occur in a disturbed social setting. The disorder may occur as early to begin before the age of six. In this setting it is usually self limiting and responds to simple interventions involving suggestion, reassurance and simple behavioral treatment approach [20]. However, the effective management of Trichotillomania is an interdisplinary approach and liaison between the dermatologist, psychiatrist and parents.

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