Targetoid pattern of hair regrowth in alopecia areata: a case report

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We report a case of targetoid hair regrowth pattern in a female patient with alopecia areata. A 39-year-old woman presented with a 2-month history of two discrete areas of hair loss affecting the vertex and occipital areas of her scalp. Three weeks before her visit to us, she had been seen privately by a consultant dermatologist, who had prescribed topical flucinolone acetonide 0.025% gel (Synalar; Astellas Pharma, Staines, Middlesex, UK). Physical examination showed two areas of hair loss on her scalp consistent with the diagnosis of alopecia areata. It was noted that in the centre of each area were a few fine hairs. She was advised to continue with the topical Synalar gel and was reviewed 8 weeks later. At this review, the area on her vertex had completely regrown. However, the area on the occiput was showing a striking targetoid pattern with concentric zones of hair regrowth (Figs 1). The regrown hair was of the same colour as the surrounding hair.

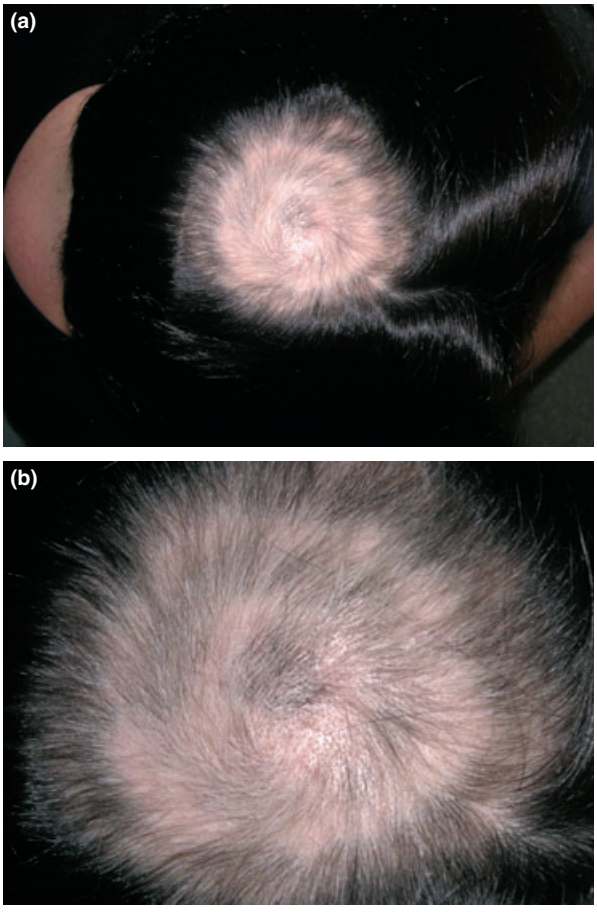

Figure 1 (a) Alopecia on the scalp; (b) close-up view.

This case highlights that hair regrowth in alopecia areata may follow different patterns, with these pictures demonstrating a striking targetoid pattern. Targetoid hair regrowth has previously been reported in alopecia areata[1,2] and various mechanisms for the development of this unusual pattern have been hypothesized. These include the possible centrifugal accumulation of corticosteroid cream and an underlying 'earthquake'-type mechanism, with a telogen wave causing the initial alopecia and then a hypothesized anagen wave potentially causing targetoid regrowth. However, none of these theories have been proven or studied beyond small series of case reports. Our case emphasizes that there is yet more to understand about the pathogenesis of alopecia areata.

L. D. El-Dars, S. Kamath and R. Logan
The Princess of Wales Hospital, Bridgend, CF31 1RQ, UK
E-mail: leilaeldars@doctors.org.uk
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DRESS syndrome caused by efalizumab: comment

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We read with great interest the article entitled 'DRESS syndrome caused by efalizumab', [1] in which a 52-year-old man with treatment-resistant severe psoriasis was presented. He developed a papulovesicular rash after 4 weeks of treatment with efalizumab, and also had high peripheral eosinophilia, abnormal liver function, malaise and fever. This patient was diagnosed as having drug reaction with eosinophilia and systemic symptoms (DRESS) syndrome. In the discussion, White *et al.* referred to our previously published case report on a 48-year-old male patient with psoriasis who, during efalizumab treatment, developed multiple, moderately defined, erythematosquamous papules on his limbs and trunk, in close proximity to his classic psoriasis lesions.[2] White *et al.* suggested the patient described in our report could have had less severe features of DRESS.

Currently, there is no consensus over specific diagnostic criteria for this diagnosis. According to Peyrière *et al.*,[3] who conducted a large retrospective study on drug-induced cutaneous side-effects, there are no strict diagnostic criteria for DRESS. However, a Japanese consensus group states that there are seven diagnostic criteria, including fever, liver abnormalities, leucocyte abnormalities and lymphadenopathy, and that the diagnosis is confirmed by the

