

Alopecia Areata in Children Due to Confinement During the Covid-19 Pandemic

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Dear Editor,

Starting in March 2020, several countries around the world implemented containment and physical/ social distancing measures to halt the spread of the virus COVID-19. General confinement in the context of the covid pandemic is a potentially high-risk situation for children specifically and their mental and psychological health. The quarantine has affected more than 860 million children and adolescents worldwide [1]. Classically, the stress burden associated with the COVID-19 pandemic is expected to increase many psychiatry-related dermatologic diseases, including psoriasis, chronic urticaria, and alopecia areata [2]. As we know that Alopecia areata (AA) is considered an autoimmune with sudden hair loss coursing with spontaneous remission and exacerbation[3]. In several patients, acute or chronic psycho-emotional stress may be causing the initiation and/or progress of alopecia areata [4]. Two girls aged 4 and 6 years with no history of similar illness in family members and also no history of drug intake and trauma. They consulted for the appearance of occipital alopecic plaques of the scalp that evolved into a total alopecia and then loss of eyelashes and eyebrows for 4 months. On interrogation, we noted the concomitance of the appearance of the alopecic patches and the onset of nocturnal enuresis with the establishment of the severe confinement measures. The families reported a change in their daughter's behavior linked to the restrictions imposed by the confinement and the major stress felt in the media. In fact, they no longer played with their friends and did not dare to move around the house by themselves. Our patients presented signs of psychological suffering with anguish, phobia, aggressiveness and psychological trauma. The clinical examination revealed a total alopecia of the scalp, depilation of both eyebrows, and eyelashes. Routine laboratory studies were unremarkable. Dermoscopic examination revealed a non-scarring alopecia with the presence of yellow dots and downy hair. The diagnosis of universal alopecia was retained. The two patients were treated with an oral bolus of Betamethasone 0.1 mg/Kg twice a week with regular follow-up in pediatric psychiatry. The evolution is stationary at 4 months. Morocco had one of the most restrictive home confinement rules, not allowing children to go outside until 3 months after the start of quarantine measures. The confinement caused phobias, emotional exhaustion, and stress exacerbated mainly through the media.

The literature data concerning the association of alopecia areata and the confinement in time of COVID-19 pandemic: is sparse. Interestingly, we found the percentage of alopecia areata was 0.0148% after the COVID-19 pandemic, whereas it was 0.0097% before the COVID-19 pandemic[3], but to date, no study has been developed to compare the incidence of alopecia areata before and after confinement in children. The particularity of our cases is to highlight the socio-psychological effects of confinement in children and

the importance of dermatological disorders related to psychiatric conditions revealed by the COVID-19 pandemic. Another interesting aspect of our cases is to prove the intertwining of psychic and organic components in alopecia. In conclusion, the importance of psychiatric evaluation of alopecia areata has been emphasized in the literature. Therefore, the risks of psychic disorders resulting from this situation should not be minimized in the current conditions of the covid pandemic 19. We believe that further studies are needed to confirm that the psychological impact of confinement may be another possible risk factor for alopecia areata.

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