Summary

Background: Alopecia areata (AA) is a common non-scarring autoimmune disease that affects hair-bearing areas. A variety of therapeutic options has been used for treating this disease such as corticosteroids, minoxidil, methotrexate, cyclosporine, and azathioprine. Intralional triamcinolone acetonide (TRA) injection is considered the first-line treatment in localized alopecia areata involving <50% of the scalp; however, intralional steroid injections are associated with a variety of side effects.

Objective: The aim of this study was to evaluate the efficacy of pentoxifylline (PTX) vs triamcinolone acetonide intralional in localized AA.

Patients and methods: The sample included 75 patients (47 males and 28 females) aged 18-55 years, diagnosed as localized alopecia areata. The patients were treated by intralional injection every three weeks up to five sessions. The patients were classified into three groups according to the used therapeutic modality. Group A: 25 patients treated by intralional injection of TRA. Group B: 25 patients treated by combined intralional injection of TRA and PTX injection. Group C: 25 patients treated by intralional PTX injection.

Results: Both PTX and TRA intralional injections were effective in the treatment of AA, but there was a statistically significant difference regarding the response to treatment between the three study groups (P value = 0.01). The highest response was reported in combined drug usage (TRA & PTX) followed by PTX alone and then TRA alone (72.0%, 60.0%, and 32.0%, respectively).

Conclusion: Pentoxifylline intralional injection is effective, easy to perform with little side effects for the treatment of localized alopecia areata.

KEYWORDS

alopecia areata, pentoxifylline, triamcinolone acetonide