

Pregnancy and Endocrine Changes: A Major Cause of Alopecia Areata

Simranjeet Kaur*

Faculty of Pharmaceutical Sciences, PCTE Group of Institutes, Baddowal- 141012, Ludhiana, Punjab, India

***Corresponding Author:** Simranjeet Kaur, Faculty of Pharmaceutical Sciences, PCTE Group of Institutes, Baddowal- 141012, Ludhiana, Punjab, India.

Received: July 11, 2023; **Published:** November 08, 2023

Condition known as alopecia areata is characterised by temporary, non-scarring hair loss and preservation of the hair follicle. The various types of hair loss, which can affect all hair-bearing areas, range from loss in clearly defined patches to diffuse or total hair loss. The most typical type of alopecia is patchy hair loss on the scalp [1]. After male and female pattern alopecia, alopecia areata is the second most common non-scarring alopecia. Alopecia areata typically has extremely unique clinical hair loss patterns. The most typical pattern is a tiny annular or patchy bald lesion (patchy alopecia areata), typically on the scalp, which may progress to total hair loss only on the scalp (alopecia totalis) and total hair loss on the entire body (alopecia universalis) [2]. Alopecia areata affects approximately 2% of the general population at some point during their lifetime [3]. Depression, anxiety, and a number of autoimmune diseases like thyroid disease (hyperthyroidism, hypothyroidism, goitre and thyroiditis), lupus erythematosus, vitiligo, psoriasis, rheumatoid arthritis, and inflammatory bowel disease are all associated with alopecia areata [4]. Alterations in the nails may be present in severe alopecia areata. Alopecia areata patients also have higher than predicted rates of atopic disorders as sinusitis, asthma, rhinitis, and especially atopic dermatitis. It is common recognised that pregnancy causes changes in body organs other than those more closely related to gestation.

These changes also affect the skin, and the obstetrician is probably more familiar than the dermatologist with the pigmentary changes brought on by the gravid state in the integument. The situation appears to involve a constitutional tendency to alopecia, and the stimulus of pregnancy, which results in increased sebaceous gland activity and a rise in the body's overall blood volume, transmits a germinal impulse that initiates active growth to the hair follicles with which the sebaceous glands are associated. When a pregnancy ends, the sebaceous glands stop producing sebum, subcutaneous fat is lost, and blood volume returns to normal. The skin's functions are less active, and the hair follicles don't seem to have the energy to maintain hair development. It appears plausible that endocrine chemicals could indirectly impact the soil that the unidentified alopecia areata causative agent works on [5].

References

1. Pratt CH., et al. "Alopecia areata". *Nat Rev Dis Primers* 3 (2017): 17011.
2. McElwee KJ., et al. "Comparison of alopecia areata in human and nonhuman mammalian species". *Pathobiology: journal of immunopathology, molecular and cellular biology* 66 (1998): 90-107.
3. Ikeda T. "A new classification of alopecia areata". *Dermatologica* 131 (1965): 421-445.
4. Fricke ACV and Miteva M. "Epidemiology and burden of alopecia areata: a systematic review". *Clin Cosmet Investig Dermatol* 8 (2015): 397-403.
5. Waisman M and Kepler EJ. "Alopecia areata, an appraisal of endocrine factors in its causation". *J. A. M. A* 116 (2004).

Volume 5 Issue 6 December 2023

© All rights are reserved by Simranjeet Kaur.