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## FAMILIAL ALOPECIA AREATA, ATOPY AND THYROIDITIS HASHIMOTO

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### ABSTRACT:

We present a case of morbid association of two organ-specific autoimmune diseases (Alopecia areata-AA and Thyroiditis Hashimoto-TH) in two white sisters - 23 and 26 years old. There is no family history of AA or any autoimmune disorders.

The onset of AA, in the both sisters was in early childhood (3 and 7 years of age). The clinical and laboratory examinations showed engagement of the scalp with round or oval large patches of alopecia, without involvement of the body hairs and nails. There were also alterations of thyroid gland function, positive TMA (Thyroid Microsomal Antibodies) and RU-data of Pituitary adenoma as well as episodes of allergic rhinitis (in one of the sisters), and bronchial asthma (in the other). According to Ikeda's classification, they have an "Atopic type" AA. We suppose that the observed case is not an occasional coincidence of AA and TH. HLA Aw32B18 determination could be support our suggesting about the familial pattern of these autoimmune diseases.

**Key Words:** familial alopecia areata, thyroiditis Hashimoto, "Atopic type" of alopecia areata, Ikeda's classification, morbid associations of alopecia areata.

Alopecia areata (AA) is a disease, which has been known for more than 2000 years. In USA around 1.7 % of all the population [4] and 2-3 % of those requested for specialised dermatological help are patients with different severity of alopecia areata.

We present a case of morbid association of two organ-specific autoimmune diseases (AA and TH), accompanied with atopy and family history.

### PATIENT I

#### History:

GK - 25 year old woman. The disease has started at the age of 3 with the appearance of several alopecic patches with diameter from 2 to 4 cm, localised mostly in the vertex and occipital area. Along with the recovery of the patches, during the next 5-6 months other alopecic areas appeared.

The disease has relapsing course without full remissions.

At the age of 14 because of thyroid hypofunction, a



substituting therapy with L-Thyroxin (50 mkg/d) was administered. The histopathology investigation of the thyroid gland established lymphocitary type thyroiditis, corresponding to the diagnosis Thyroiditis Hashimoto.

The discontinuation of the therapy with L-Thyroxin at the age of 20 coincided with the appearance of new alopecic patches enlarged in size, coalesced and formed ophiasis Celsii.

The patient complaints of recurring seasonal rhinitis.

Since the beginning of the disease till now, the patient was treated with local irritants, corticosteroids, acupuncture. During the last two years, 10 ampoules of systemic corticosteroids with depot-effect (Diprophos) were administered, with transient effect.

The sister has alopecia areata. Mother - data for thyroid disease.

#### Physical Examination:

On the scalp - extensive in size, irregular shaped with well distinct border alopecic areas, enveloping the vertex, parietal and occipital regions - S<sub>4</sub> B<sub>0</sub> N<sub>2</sub> - table 1. In most of the alopecic areas (except the vertex-occipital regions) the skin's follicular structure is preserved. No erythema, infiltrate