Welcome to the Hair and Nail Clinic 2008

The expectations for each resident rotating through the Hair & Nail Clinic are outlined below.

**Goals and Objectives for First Year Residents**

1. Learn basics of history taking and clinical exam and write clear, concise and structured notes:
   - **How to take a history:**
     - Is hair coming out “by the roots” or is it breaking?
     - Increased *shedding* or increased *thinning*?
   - **Duration**
   - **Medications**
   - **Menses, pregnancies, menopause**
   - **Past health, especially in previous year**
   - **Hair care, hair cosmetics**
   - **Family history of similar problem**
   - **Diet: adequate protein? adequate iron?**

   **Clinical examination**
   - **Hair length:** How long does hair grow? All same length? Size of pony tail?
   - **Hair texture:** silky, shiny, brittle, dull?
   - **Pattern and distribution of hair loss**
     - “Pull test”, “Tug test”
   - **Hair Card assessment:**
     - Miniaturized hair? Hair tips tapered or broken?
   - **Scalp**
   - **Hair elsewhere:** too much or too little
   - **Acne, hirsutism, obesity, virilization**

2. Familiarity with the hair growth cycle

3. Recognize and manage common hair disorders: alopecia areata, androgenetic alopecia, telogen effluvium, structural hair shaft anomalies, trichotillomania, anagen arrest

4. Classify hair disorders into diagnostic groups:
   - **Non-cicatricial (scarring) alopecia vs cicatricial:**
   - **Non-cicatricial:**
     - Hair coming “out by the roots” or Hair breaking
   - **Differential diagnosis of each**

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Cicatricial alopecia:
Primary or Secondary

5. Learn basic diagnostic techniques: Hair Pull test, Hair Tug test, Hair Card, Hair mount, Scalp biopsy

How to do a Hair Pull test:
* With the thumb and forefinger grasp a small swatch of hairs (approx. 5 mm area on the scalp) and grasp the hairs close to the scalp.
* Gently but firmly slide the fingers away from the scalp, at a 90 degree angle, along the entire length of the hair swatch. Do not tug or jerk. Warn the patient that you are going to pull the hair.
  - Negative pull test = 1 to 4 hairs
  - Positive pull test = 5 or more hairs

*Where to pull?*
  - In alopecia areata:
    - At the margin of a patch to see if the patch is active
    - In any unaffected site to see if there is pending activity
    - Pull on a patch of new growth to see if the new hair “is serious”..

How to use the Hair Card (enclosed)

How to make a Hair Mount:
Decide if hair shaft or hair bulb are relevant
Place hair on contrasting black or white velvet background
Select hair segments to be cut (1-2 cm) & mounted
Place four to five segments parallel to long axis of slide
With wooden end of Q tip, drop 1 or 2 drops of mounting medium on hairs
Mounting medium: Permount, Harleco synthetic resin (not oil or KOH)
Cover with cover slip, press gently to eliminate bubbles

How to do a Scalp biopsy:
In all scarring alopecias
Occ. in trichotillomania, alopecia areata, androgenetic alopecia
Select site, mark with marking pen
1% xylocaine with epinephrine; wait 10 minutes
Full thickness biopsy to subcutaneous fat; 3 0 suture, remove in 2 weeks
On path requisition write “Scalp biopsy: for horizontal sections”

6. Familiarity with administration and dosing of intralesional triamcinolone acetonide, immunomodulating agents (topical anthralin, oral hydroxychloroquine, mycophenolate mofetil, cyclosporine, oral corticosteroids), oral antibiotics, oral retinoids, topical minoxidil, finasteride, oral contraceptives in androgen-mediated skin disorders

7. Present at least one patient per month at weekly rounds.

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Required Readings for First Year Residents

Androgenetic alopecia


Frieden IJ, Price VH. Androgenetic alopecia. In Pathogenesis of Skin Disease, Thiers & Dobson (eds), Churchill Livingstone, NY 41-55, 1986

Alopecia areata


Video: How to inject alopecia areata

Structural hair shaft anomalies

Trichotillomania


Anagen arrest
Goals and Objectives for Second-Year Residents
1. In addition to the goals for first-year residents:
2. Recognize more complex and less common hair disorders such as cicatricial alopecias
   (including lymphocytic group, neutrophilic group), trichothiodystrophy, loose anagen syndrome, uncombable hair syndrome, bubble hair, hair loss in lupus erythematosus, syphilis, graft vs host disease, thyroid disease.
3. Understand special problems of African-American hair
4. Familiarity with hair follicle and hair shaft morphology; hair bulge
5. Knowledge of vertical and transverse histology of normal scalp
6. Knowledge of transverse histopathology of common scalp disorders
7. Understand basics of hair cosmetics
8. Understand hormonal control of the hair follicle

Required Readings for Second-Year Residents


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Goals and Objectives for Third-Year Residents

1. Greater depth of knowledge of all the goals of the first and second-year residents:
2. Familiarity with genetic basis of structural hair shaft anomalies
3. Familiarity with current debates on some major issues in hair disorders
4. Familiarity with current hair growth assessment methods, i.e. hair counts, hair weights, global photography
5. Familiarity with hair follicle transplants

Required Readings for Third-Year Residents


Price VH, Menefee E. Changes in hair weight and hair count in men with androgenetic alopecia after application of 5% and 2% topical minoxidil, placebo, or no treatment. JAAD 1999; 41:717-21.


