

Clinical Notes

Tonsure alopecia on the wrists. Unreported site of trichotillotic and relation with unemployment

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Trichotillomania (TTM) is an irresistible urge to pluck out hair unwillingly as a compulsive control neurosis. This terminology was first described by Hallopeau,¹ and owing to the fact that most of the patients, particularly in the young age are psychologically intact, another terminology has been suggested.¹ The patient develops it as a defensive mechanism to bind nascent anxiety as it arises, and to keep angry unpleasant thoughts out of consciousness, so to protects himself from the painful feelings, and conflictual aspects of inner life. It is often ritualized and confined to particular timing and sitting, which differs individually according to the patient's atmosphere. Trichotillomania is subdivided into the childhood type, which is often transient, self limiting, and usually not supported by deep psychological disturbances, and an adulthood type, which is chronic, recalcitrant, and has a higher access to psychological abnormalities.² Our adult patient has different abnormal features as this report shows.

A 25-year-old male Saudi patient attended the skin out patient department (OPD) for hair falling from both wrists for the last 4 years. There was no itching, no history of previous local inflammatory lesion, and no history of systemic illness. An unemployed single man, without hobbies or occupational clue on which the hair falling could be blamed. He did not even use a watch since his lesion started. The lesions were changeable in size and form, and tended to enlarge gradually over time in wavy episodes. Scalp and facial hair were intact, and so as the other body hair. Clinical examination revealed a healthy young man with a depressive mood. Skin examination showed extensive hairless lesions of approximately 10 cm in diameter, symmetrically located on the dorsal lateral aspects of the wrists, almost round and well defined, however, part of the margin showed straight demarcation and angulation. They were surrounded by normal hairy skin on both forearms. The remnant hair looked as if it was shaved off purposely, with a stubbly feeling on palpation. However, he constantly and firmly denied any pulling or shaving. The skin within the lesion looked slightly pigmented, thickened, and lichenified, particularly at the center, with follicular hyperkeratotic flat papules located



Figure 1 - Close up view of the lesion on the right wrist, showing the uniformly cut hair, the straight angular margins, and the follicular keratosis.

around the remnant stubbly hair (**Figure 1**). The scalp and other hairy sites of the body looked normal, and so were the nails. Examination of other systems was not remarkable. On diverse maneuvers, he finally admitted being involved in hair pulling episodes whenever he thought about his idle status. He was reassured and referred to the social affairs department, and finally found a job in the hospital as a clerk. He was then satisfied and controlled his hair plucking tic; hence, he restored baseline hair around 4 months after employment.

This is a case of adult TTM, despite no irregularly broken hairs of different lengths from the scalp surface, the characteristic sign of classical TTM.^{2,3} However, in rare cases called “tonsure pattern alopecia”,⁴ this sign may disappear, and may be replaced by the “tonsure sign” in which the hair looks as if it was purposely razed off, and that is the most severe type of TTM. The diagnosis process then, will become more difficult. However, the straight and angular margins of alopecia suggest the diagnosis of alopecia artifact or TTM. In our case, the patient admitted that he used to pluck or cut off hair by his nails, off and on, and when there was no surviving hair left to pluck, he used to attack new hair from the margin of the lesion so that it gradually extended. The hair pulling episodes, usually occurred whenever he felt anxiety and while watching television. His unmarried, unemployed, and hopeless status for the last 7 years, provided him a large reserve of anxiety fuel. When he failed to find a job he developed a substitute “job or tic” as a tension releasing mechanism. The diagnosis after he admitted pulling, became outspoken without the need for biopsy. The differential diagnosis that may be considered here, is irritational contact dermatitis induced by the watch or buttons. But, there was no previously existing

erythema or itching, and he gave up his watch long ago after the lesion started. The other likely diagnosis is tuberculoid leprosy, which may cause hair loss in the involved site, but there is no hypoesthesia or local nerve thickness to support this diagnosis. The diagnosis of alopecia areata (AA) intervenes here as well, it is the most probable diagnosis, which may be confused with TTM.⁵ However, the involved areas should then be smooth, and not coarsely cut off as in this case, and exclamation hairs might be found “in the active stage” to consider this diagnosis.¹ In alopecia mucinosa, which may simulate TTM, there are other inflammatory changes such as, follicular papules or plaques with erythema, crusting, and pressed out mucin that are not seen here. In confused cases, biopsy should confirm the diagnosis. It is known that two thirds of adult TTM patients pull hair from 2 or more sites,² as in our patient. Contrary to the hard implication of the terminology trichotillo-“mania” this gentleman looked psychologically normal except for his constant depression, which proved to be reactionary to an exogenous stress. In fact, most TTM patients who attend dermatology OPD, are psychologically intact like this man, and have no deep psychiatric injury, particularly in children. This supports the terminology trichotillotic (TTT), which we currently suggested¹ over the used “TTM”; as there is no indication for “mania” here. This case is interesting from several points of view: 1. From an “incidental” point of view: being an adult male, this is exceptional of the rule that children form 87.5% of patients,⁴ and females outnumber males in the adult group by 4 to 1,^{2,3} or even 15 to 1 in older groups.³ 2. From a clinical point of view: It is known that the most commonly involved location of hair pulling is the scalp, particularly the vertex,³ much more unusual sites are the eyelashes, eyebrows, and beard.⁴ The well matured terminal hair on the wrists, might attract him to develop this tic in this very site. Another exceptional clinical point is that the lesion had bilateral distribution; irrespective of the side of manual dominance. Moreover, it seems that he was so keen to chase the hair, and eradicates it by scissor like nails, that he finally developed the severe “tonsure pattern”. It is well known that the skin in TTT is usually intact, but this was not the case of this patient, where the digging and cutting nails caused frequent trauma, diffuse hyperpigmentation and follicular hyperkeratosis; a sign that needs further statistical assessment, and that may likely have diagnostic value

in TTT. 3. From a psycho-social point of view, this case of TTT has been underlined by unemployment for 7 years as an indirect cause, and un-married as a consequence of poverty. He was disappointed after useless searches for work. We believe, and he also agrees, that if he had been employed, TTT would not have developed. There are no feasible statistical studies for TTT as a compulsive control disorder in the unemployed population, but we think there might be a real relation, which should be the matter of further investigations. Unemployment, is the fertile social media in which, many psycho and psycho-somatic disorders may be born and incubated. Our patient was reassured, and referred to the Social Services Department, the first etiological square of his illness. He ultimately succeeded in getting a job, and thus could easily control his compulsive tic and restore normal hair. The society was lucky that he has been engaged in digging his own skin while being unemployed, but not of others; it is also a defensive mechanism for the whole society, but in another way.

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