

Hair Loss (Alopecia)

Overview

Hair loss (alopecia) is common—and there are many different causes. Some types are temporary and reversible, while others require early treatment to prevent permanent loss. The most important first step is an accurate diagnosis.

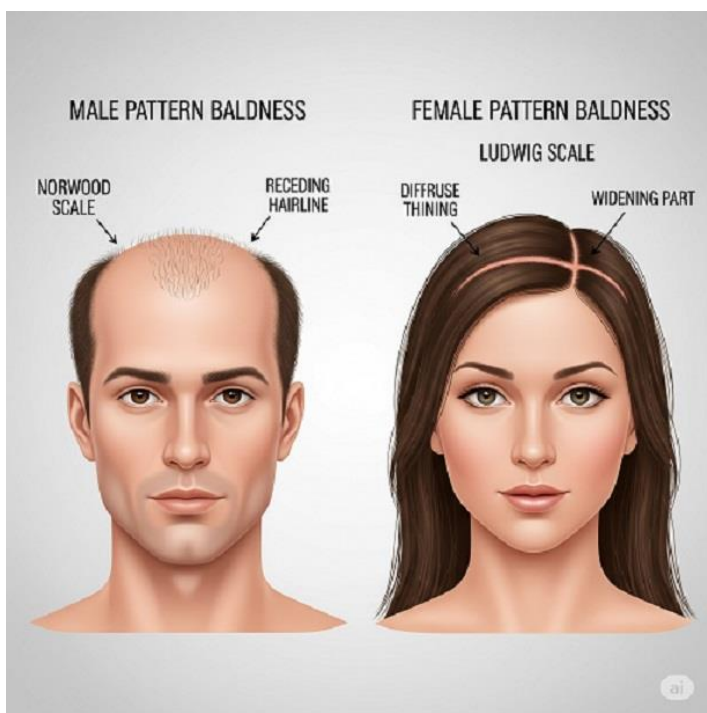
We evaluate hair loss in a medical, step-by-step way so you understand:

- **Why it's happening**
- **Whether it can grow back**
- **Which treatments are most likely to help**

Common Types of Hair Loss We Diagnose

Pattern Hair Loss (Androgenetic Alopecia)

- Gradual thinning over time
- Often at the crown/part line in women or temples/crown in men



Telogen Effluvium (Shedding)

- Increased shedding, often 2–3 months after a trigger such as illness, stress, surgery, childbirth, or medication changes. Usually temporary, but can last longer if triggers continue



Alopecia Areata

- Sudden, patchy hair loss
- Caused by an immune system attack on hair follicles
- Can affect scalp, eyebrows, beard, or body hair



Scarring (Cicatricial) Alopecia

- Inflammation damages hair follicles and can lead to **permanent hair loss** if not treated early
- Often associated with burning, tenderness, scale, or “sore spots”



Traction Hair Loss

- From tight hairstyles (braids, ponytails, extensions)
- Often affects hairline/temples



**SYMPTOMS OF TRACTION ALOPECIA: EARLY
SIGNS TO WATCH FOR**

Symptoms That Help Us Narrow the Cause

Tell us if you've noticed:

- Sudden shedding vs gradual thinning
 - Itching, burning, pain, or scalp tenderness
 - Flaking, redness, bumps, or sores
 - Patchy loss vs diffuse thinning
 - Eyebrow/eyelash loss
 - Nail changes (sometimes linked with alopecia areata)
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How We Evaluate Hair Loss

A typical evaluation may include:

- **Medical history** (timing, triggers, medications, family history)
 - **Scalp and hair exam** (sometimes with dermoscopy/trichoscopy)
 - **Hair pull test** (gentle exam for shedding)
 - **Lab work** when appropriate (to check for common contributors like iron deficiency or thyroid issues)
 - **Scalp biopsy** (only when needed) to confirm diagnosis—especially if scarring alopecia is suspected
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Treatment Options

Your plan depends on the diagnosis and your goals (regrowth, slowing loss, reducing shedding, scalp symptom relief).

For Pattern Hair Loss

- Medical treatments to slow thinning and support growth
- Long-term maintenance is often needed

For Telogen Effluvium

- Identify and address the trigger
- Support scalp health and hair cycling
- Reassurance + follow-up (regrowth often takes time)

For Alopecia Areata

- Anti-inflammatory/immune-modulating approaches, depending on severity and area affected
- Treatment is often more effective when started early

For Scarring Alopecia

- Goal is to **stop inflammation and prevent further loss**
- Early diagnosis is crucial; regrowth may be limited where follicles are scarred

For Traction Hair Loss

- Change hair practices (reduce tension)
 - Treat inflammation early to prevent permanent thinning
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Pre-Op Instructions (Before Your Hair Loss Appointment)

(Not surgery—these are “before your visit” tips.)

1–2 weeks before your visit

- Take photos of your hair/scalp in the same lighting (front, sides, crown, part line) to track change over time.
- Write down:
 - When it started and whether it’s worsening
 - Any illness, stress, pregnancy, surgery, crash dieting, or new meds in the past 3–6 months
 - Family history of hair loss
 - Hair practices (tight styles, heat, extensions, chemical treatments)

48 hours before

- If possible, avoid starting new hair supplements or treatments right before your visit (it helps us interpret what’s going on).
- If you use camouflage fibers or scalp concealer, try not to use them on the day of your exam.

Day of visit

- Come with clean, dry hair if you can (minimal styling products helps us see the scalp clearly).
 - Bring:
 - A list of medications and supplements
 - Recent lab results (if you have them)
 - Your shampoos/serums (photos of labels are fine)
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Post-Op Instructions (After Evaluation or Treatment)

After starting a hair loss treatment plan

- Hair growth is slow—most plans need **3–6 months** to judge improvement.
- Some treatments can cause temporary increased shedding early (your dermatologist will explain if this applies).
- Use gentle scalp care: mild shampoo, avoid harsh scrubs, minimize tight hairstyles.
- Keep follow-up appointments so we can adjust the plan.

If you had a scalp biopsy

- Keep the bandage on and dry for the first **24 hours** (unless instructed otherwise).
 - After 24 hours, daily:
 1. Gently clean with mild soap and water
 2. Pat dry
 3. Apply a thin layer of ointment if instructed
 4. Cover with a clean bandage
 - Avoid swimming/hot tubs until cleared.
 - Call if you have increasing redness, warmth, swelling, pus, fever, or bleeding that won't stop with pressure.
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When to Contact Us Urgently

Please contact us promptly if you have:

- **Painful, burning scalp** with rapid hair loss
 - Pus, oozing, or spreading redness
 - Bald patches that are expanding quickly
 - Hair loss with new systemic symptoms (fever, severe fatigue)
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Hair Loss (Alopecia) FAQ

Is hair loss always permanent?

No. Many types (like telogen effluvium) are temporary. Others can be slowed or stabilized with the right treatment. Scarring alopecia is the main category where untreated inflammation can cause permanent loss.

How do I know if I'm shedding too much?

Seeing some hair daily is normal. If you notice a sudden increase in hair on your pillow, shower drain, or brush—or a noticeably thinner ponytail—an evaluation can help.

Why did my hair start shedding months after I was sick or stressed?

That timing is common with **telogen effluvium**—a trigger can shift more hairs into a resting phase, and shedding often begins **2–3 months later**.

Do supplements help hair loss?

They help if you have a deficiency (like low iron), but supplements aren't a cure-all. Taking high-dose supplements without guidance can be unnecessary or even harmful. We'll recommend testing when appropriate.

Can hormones cause hair loss?

Yes. Hormones can influence pattern hair loss and shedding, especially around postpartum changes, menopause, or conditions like PCOS. Your dermatologist will consider this based on your history.

Is dandruff or scalp inflammation related to hair loss?

It can be. Inflammation and scratching can worsen shedding. Certain scalp conditions also mimic hair loss. Treating scalp health is often part of the plan.

Do I need blood work?

Sometimes. Labs can help identify treatable contributors like thyroid imbalance or iron deficiency. Not everyone needs the same tests—your clinician will tailor it to your case.

Do I need a scalp biopsy?

Only in certain situations—especially if we suspect **scarring alopecia** or the diagnosis isn't clear from exam and history.

How long until I see regrowth?

Hair grows slowly. Meaningful change often takes **3–6 months**, and fuller improvement may take longer depending on the cause and treatment.