Pai syndrome; an adult patient with biform nose and frontal hairline marker.

Objective: A 17-year-old previously unreported patient with Pai syndrome is described. The boy had median cleft of upper lip, a polyoid skin mass over the columna, a minimal deaf of the upper central incisors, frontal alopecia of the anterior hairline, and biform nose. Magnetic resonance imaging showed pericapsular lipoma. No mental retardation was present, and a chromosomal study showed normal male 46, XY karyotype.

MIME: *Alopecia-complications; *Cleft-Up-complications; *Nose-abnormalities

MIME: Adolescents; Brain-Neuropsychical-complications; Corpus-Callosum; Lipoma-complications; Magnetic-Resonance-Imaging; Nasal-Polyps-complications; Syndrome-

AGE: Adolescent

TG: Case-Report; Human; Male

PT: Journal-Article

SH: complications; abnormalities

SS: Dental-Index-Medical

UD: 20030522

DA: 20030507

CD: 20030522

RO: National-Library-of-Medicine

AN: 12733664

XREC: ABSTRACT (AB)

Coeliac disease and alopecia areata in childhood.

Feisalou, S; Kostak, P; Karpathios, I

Second Department of Pediatrics. P & A Kyriakou, Children's Hospital, Athens, Greece.

vasilios.aofisalou@th.lioneen.gr


JS: Journal-of-pediatrics-and-child-health

IS: 1034-4810

PY: 2003

LA: English

CP: Australia

AB: Coeliac disease is a genetic, immunologically mediated small bowel enteropathy that causes malabsorption. The immune inflammatory response to gluten frequently causes damage to many other tissues of the body. We report the association of coeliac disease and alopecia areata in two children, a 13-year-old girl and a 25-month-old girl. Both of our patients had immunoglobulin A (IgA) class endomysial antibodies, IgA and immunoglobulin G (IgG) anti-gliadin antibodies and subtotal villous atrophy on jejunal biopsy. Administration of a gluten-free diet to our patients resulted in complete hair growth and improved the gastrointestinal symptoms.

MIME: *Alopecia-Areata-complications; *Coeliac-Disease-diet-therapy; *Gluten-adverse-effects

MIME: Adolescent; Alopecia-Areata-immunology; Autoimmune-Diseases-diagnosis; Celiac-Disease-immunology; Child-Preschool; Follow-Up-Studies; Greece; Immunoglobulin-A-analysis; Immunoglobulin-G-analysis; Risk-Assessment; Treatment-Outcome

AGE: Adolescent; Child-Preschool

TG: Case-Report; Female; Human

PT: Journal-Article

SH: complications; diet-therapy; immunology; analysis; diagnosis; adverse-effects

CAS: 0; 0; 0; 830280-0

FN: Autoantibodies; Immunoglobulin-A; Immunoglobulin-G; Gluten

JC: Pediatrics

SB: Index-Medical

UD: 20033701

DA: 20033226
Record 10 of 291 - SilverPlatter MEDLINE(R)

TI: Chronic mucocutaneous candidiasis and alopecia areata as cutaneous expressions of autoimmune polyglandular syndrome type I.
AU: Carboni, A.; Geda, R.; Bianchi, L.; Chimenti, S.
JN: Acta.Dermato-Venereologica
IS: 0001-5555
PY: 2002
LA: English
CP: Norway
MIME: *Alopecia-Areata-complications; *Candidiasis,-Chronic-Mucocutaneous-complications; *Polyendocrinopathies,-Autoimmune-complications
MIME: Adult; Alopecia-Areata-diagnosis; Antifungal-Agents-administration-and-dosage; Biopsy,-Needle; Candidiasis,-Chronic-Mucocutaneous-diagnosis; Drug-Therapy,-Combination; Polyendocrinopathies,-Autoimmune-diagnosis.
Prognosis; Syndrome;
AGE: Adult
TG: Case-Report; Human; Male
PT: Letter
SH: complications; diagnosis; administration-and-dosage
CAS: D
FN: Antifungal Agents
SD: Index-Medicus
UD: 20021120
DA: 20020515
CD: 20021120
RO: National-Library-of-Medicine
AN: 12372084

Record 11 of 261 - SilverPlatter MEDLINE(R)

TI: Role of endocrine disorders in association with alopecia areata 27 patients study.
[Endocrinological disorders in association with alopecia areata-a 27 patients study]
AU: Suditi, G.; Prida, C.; Vulpoi, C.; Toma, A.
AD: Facultatea de Medicina, Universitatea de Medicina si Farmacie Gr.T. Popa Iasi, Central Medical Nicolae Iasi.
JN: Revista-medico-chirurgicala-a-Societatii-de-Medici-al-Natualistilor-din-Iasi
IS: 0800-8738
PY: 2001
LA: Romanian-Romanian, Non-English
CP: Romania
AB: Alopecia areata is a dermatological disease, characterized by the loss of hair, which affect men, women and children and can evaluate alone or in association with a variety of other disorders. Between these endocrinological diseases, especially thyroid disorders, have a high incidence. Twenty-seventy patients with alopecia areata (12 women and 15 men) aged between 3 and 46 years were endocrinologically investigated. Eighteen of them (60.0%) had endocrinological disorders. Thyroid diseases were present in 10 cases (37%): 4 cases with endemic goiter, 2 cases with nodular goiter and 4 cases with hypothyroidism (1 case with autoimmune thyroiditis, 1 case with nodular goiter, 1 case with cystic goiter and 1 case with hypothyroidism post thyroidectomy for thyroidly lymphoma). Twelve cases (44.4%) were found with tetanias. The incidence of thyroid diseases in alopecia areata is higher than in general population (2%), as well as the incidence of tetanias. These evidences suggest that it is necessary to make a screening of endocrinological disorders in patients with alopecia areata.
MIME: *Alopecia-Areata-complications; *Tetany-complications; *Thyroid-Diseases-complications
MIME: Adolescent; Adult; Autoantibodies-analysis; Child; Child,-Preschool; Middle-Age; Thyroid-Hormones-analysis
AGE: Adolescent; Adult; Child, Child,-Preschool, Middle-Age
Androgenic alopecia and prostate cancer: findings from an Australian case-control study.

The purpose of this study was to examine the relationship between androgenetic alopecia (AA) and prostate cancer with particular emphasis on early age at diagnosis and higher grade tumors. We conducted an age-stratified, population-based case-control study in Australia of men who were diagnosed before 70 years of age during 1994-1997 with histopathology-confirmed adenocarcinoma of the prostate, excluding well-differentiated tumors. Controls were selected from the electoral rolls, and the frequency was matched on age. After excluding subjects with missing values, the analysis was based on 1446 cases and 1390 controls of whom direct observations were made of their pattern of AA during face-to-face interviews. Our data suggest an association between prostate cancer and vertex baldness, compared with men who had no balding; the adjusted odds ratio (OR) was 1.54 (1.19-2.00). No associations were found between prostate cancer and frontal baldness or when frontal baldness was present concurrently with vertex baldness. The ORs were 0.98 (0.79-1.23) and 1.14 (0.90-1.45), respectively. The highest ORs were for high-grade disease in men 60-69 years of age: 1.80 (1.02-3.16) for frontal baldness; 2.91 (1.59-5.22) for vertex baldness; and 1.95 (1.10-3.45) for frontal and vertex baldness. This association between the pattern of AA and prostate cancer points to shared androgen pathways that are worthy of additional investigation.
We demonstrate the rare disorder of triple H syndrome in a 25-year-old man. He was pointed out as having short stature, at -5.9 s.d., and diagnosed as GH deficient at 6 years old. Approximately a year ago, he noticed systemic hair loss. He lost body weight by 7 kg during the last half year. He was admitted to Joch Medical School Hospital because of unconsciousness. Physical findings showed disturbance of consciousness with Japan Coma Scale I-3. He had emaciation and alopecia universalis. Laboratory findings showed plasma glucose was as low as 1.11 mmol/l, GH and ACTH deficiency with hypothalamic lesions were clarified. His intelligence was in the lower normal range with a WAIS IQ of 70, and anterograde amnesia was suggested in the presence of a little, but not significant, morphological change in the hippocampus on a magnetic resonance imaging scan. Replacement by a physiological dose of hydrocortisone normalized plasma glucose, and restored body weight and growth of hair during the 7 month therapeutic period. The present finding strongly supports a clinical entity of triple H syndrome, including ACTH deficiency, alopecia universalis and anterograde amnesia, and that there maybe be some variation of the triad among the subjects.

MIME: *Adrenal-Glands-physiopathology; *Alopecia-complications; *Endocrine-Diseases-diagnosis; *Endocrine-Diseases-physiopathology; *Pharyngeal-Gland-physiopathology

MIME: Adrenal-Gland-Hypofunction-complications; Adult; Amnesia-complications; Blood-Glucose-analysis; Corticotropin-deficiency; Emaciation; Hypothalamus-pathology; Human-Brain-Growth-Hormone-deficiency; Hydrocortisone-therapeutic-use; Intelligence; Magnetic-Resonance-Imaging; Syndrome; Weight-Loss

AGE: Adult
TG: Case-Report; Human; Male
PT: Journal-Article
SH: complications; physiopathology; analysis; deficiency; diagnosis; pathology; therapeutic-use
CAS: 0; 12620-01-5; 50-33-9; 9002-60-2
FN: Blood-Glucose; Human-Brain-Growth-Hormone, Hydrocortisone; Corticotropin
JC: Endocrinology
SB: Index-Medicus
UD: 20021010
DA: 20020905
DR: 20021013
DD: 20021029
RO: National-Library-of-Medicine
AN: 12213673
XREC: ABSTRACT (AB)

Record 20 of 291 - SilverPlatter MEDLINE(R)

Ti: Male pattern baldness is not associated with established cardiovascular risk factors in the general population.
AU: Ellis, J.A.; Stehberg, M.; Harrap, S.B.
AC: Department of Physiology, The University of Melbourne, Victoria 3010, Australia.
SO: 0143-6221
PY: 2001
LA: English
CP: England

AB: A number of studies have shown an association between male pattern baldness (MPB) and cardiovascular disease. Few of these studies, however, have examined whether MPB is a novel risk factor, or is associated with abnormalities of established coronary risk factors. We have therefore performed an analysis of MPB and cardiovascular risk factors in the general population. A total of 1219 male participants aged 18-70 years from the Victorian Family Heart Study were surveyed using a validated questionnaire on degree and pattern of baldness. Carefully standardized measures of weight, height, blood pressure, pulse rate, total and high-density lipoprotein cholesterol, and plasma glucose were made. Subjects were grouped according to the degree and pattern of baldness as: no baldness, frontal baldness and vertex baldness. Bald men were older than non-bald men (P < 0.0001). Age was also associated with increased levels of coronary risk factors (P < 0.0001). When multiple regression was used to adjust for age differences, the levels of coronary risk factors were not significantly different between the bald and non-bald groups. The lack of association between baldness and established coronary risk factors implies that baldness may predispose to coronary heart disease through novel mechanisms yet to be defined.

MIME: *Alopecia-complications; *Cardiovascular-Diseases-etiology
MIME: Adolescent; Adult; Aged; Alopecia-physiology; Atherosclerosis; Blood-Pressure-physiology; Cholesterol-blood; Middle-Age; Phenotype; Risk-Factors; Severity-of-Illness-Index
AGE: Adolescent; Adult; Aged; Middle-Age
TG: Human; Male, Support; -Non-U.S.-Govt
PT: Journal-Article
SH: complications; pathology; physiopathology; physiology; etiology; blood
CAS: 57-85-5
PN: Cholesterol
JC: Science, Medicine
SB: Index-Medicus
UD: 20021011

EONIKO KENTRO TEKHMIRIOSEIS / Ενιαίο Κέντρο Τεκμηρίωσης Ηλεκτρονικής Παραγωγής
Βεκ. Κωνσταντίνου 48, 11635 ΑΘΗΝΑ Τηλ: 2107215209, 2107214512 Φαξ:2107212223, email:retrieve@ekt.gr
Clinical and histological findings suggest that the etiopathogenesis of the edema in Meige syndrome is related to a structural cicatricial defect of lymphatics. This anomaly seems to involve both skin and other sites, such as conjunctival mucosa.

**MMIE:** *Alopecia-complications; *Conjunctival-Diseases-complications; *Edema-complications; *Eyebrows-; *Meige-Syndrome-complications*

**MIME:** Adult; Alopecia-Pathology; Biopsy; Conjunctival-Diseases-Pathology; Edema-Pathology; Lymphatic-System-Pathology; Lymphatic-System-Ultrasoundography; Meige-Syndrome-Pathology; Meige-Syndrome-Ultrasoundography

**AGE:** Adult

**TG:** Case-Report; Human; Male

**PT:** Journal-Article

**SH:** complications; pathology; ultrasonography

**SB:** Index-Medicus

**UD:** 20001218

**DA:** 20000303

**DR:** 20001218

**CD:** 20000303

**RO:** National-Library-of-Medicine

**AN:** 10296261

**XREC:** ABSTRACT (AB)

**Record 27 of 291 - SilverPlatter MEDLINE(R)**

**TI:** Early onset baldness and prostate cancer risk

**AU:** Denmark-Wahrhaftig, W-J; Schildkraut, J-M; Thompson, D; Leiko, S-M; McIntyre, L; Schwingl, P; Paulson, D-F; Robertson, C-G; Anderson, E-E; Wither, P-J

**AD:** Division of Urology, Duke University Medical Center, Durham, North Carolina 27710, USA
denmarkw@mc.duke.edu

**SO:** Cancer-Epidemiology-Biomarkers-Prev. 2000 Mar; 9(3): 325-8

**IN:** Cancer epidemiology - biomarkers and prevention - a publication of the American Association for Cancer Research - cosponsored by the American Society of Preventive Oncology

**IS:** 1055-9565

**PY:** 2000

**LA:** English

**CP:** UNITED-STATES

**AB:** Prostatic carcinoma is the leading cancer among American men, yet few risk factors have been established. Although increased androgen levels have long been associated with both prostatic carcinoma and baldness, to date no studies have shown an association between hair patterning and prostate cancer risk. A lack of standardized instruments to assess baldness or the assessment of hair patterning during uninformative periods of time may have precluded the ability of previous studies to detect an association. We hypothesized that baldness, specifically vertex baldness, should be assessed using standardized instruments and during early adulthood if an association with prostate cancer risk is to be found. To test this hypothesis, we included identical items related to hair patterning in surveys that were administered in two district prostate cancer case-control studies (Duke-based study, n = 149, 78 cases, 71 controls and community-based study, n = 130, 66 cases, 74 controls). In each, participants were provided with an illustration of the Hamilton Scale of Baldness and asked to select the diagrams that best represented their hair patterning at age 30 and again at age 40. From these data, the following five categories were created and compared: not bald (reference group); vertex bald early onset (by age 30); vertex bald later onset (by age 40); frontal bald early onset (by age 30); frontal bald later onset (by age 40); and frontal (at age 30) to vertex bald (at age 40). Separate analyses of the two studies are consistent and suggest an association between vertex baldness and prostate cancer. Vertex bald early onset odds ratios, 2.44 [confidence interval (CI), 0.57-10.48] and 2.71 (CI, 0.66-6.78), respectively, vertex bald later onset odds ratios, 2.40 (CI, 0.63-7.06) and 3.17 (CI, 0.47-2.06), respectively. Although statistical significance was not achieved in either one of these studies, the concordance between the data suggests a need for future studies to determine whether early onset vertex baldness serves as a novel biomarker for prostate cancer and whether androgen production, metabolism, or receptor status differs among these men when compared to those who exhibit other types of hair patterning.

**CM:** Cancer Epidemiology Biomarkers Prev. 2001 Apr; 10(4):415-6

**MMIE:** *Alopecia-complications; *Conjunctival-Diseases-complications; *Edema-complications; *Eyebrows-; *Meige-Syndrome-complications*

**MIME:** Adult; Age-of-Onset; Aged-; Alopecia-classification; Case-Control-Studies; Middle-Age; Regression-Analysis; Risk-Assessment

**AGE:** Adult; Aged; Middle-Age

**TG:** Human; Male; Support, Non-U.S.-Govt; Support, U.S.-Govt; Non-P.H.S.; Support, U.S.-Govt; P.H.S.

**PT:** Journal-Article

**SH:** etiology; classification; complications

**CN:** K07CA02215CAI, R03CA59263CAI, R21CA59773CAI

**SB:** Index-Medicus

**UD:** 20000618

**DA:** 20000512

**DR:** 20000616

**CD:** 20000512
such as motor paralysis, were seen except for left ptosis and alopecia areata. His serum titer of anti-acetylcholine receptor antibody was elevated. No immune system abnormalities (C3, C4, CH50, C-reactive protein, antinuclear antibody or lymphocyto-toxic function disorders) were detected. Although alopecia areata and alopecia areata are sometimes present in adults with autoimmune diseases and myasthenia gravis, this association is rare in children. The present case represents the youngest patient with myasthenia gravis associated with alopecia areata.
Record 133 of 251 - SilverPlatter MEDLINE(R)

TI:  Lens changes in alopecia areata.
AU:  Crecchi,G; Bianchi,P; Malvezzi,F; Stringa,M; Male,F; Douville,H
SO:  Dermatologica. 1988; 175(6): 305-9
JN:  Dermatologica
IS:  0011-9075
PY:  1988
LA:  English
CP:  SWITZERLAND
MIME:  *Alopecia-Areata-complications; *Cataract-complications
AGE:  Adolescent; Adult; Child; Middle-Age
TG:  Female; Human; Male
PT:  Letter
SH:  therapeutic-use; complications; pathophysiology
CAS:  0
PN:  Adrenal-Cortex-Hormones
SS:  Index-Medicus
UD:  20021101
DA:  19880915
DR:  20021101
CD:  19880915
RC:  National-Library-of-Medicine
AN:  3402943

Record 134 of 251 - SilverPlatter MEDLINE(R)

TI:  Nuchal nevus flammaeus as a skin marker of prognosis in alopecia areata.
AU:  Hatzis,J; Kostakos,P; Tosca,A; Panisits,Ji; Nicolai,Ci; Varelidis,A; Strefigos,J
AD:  Department of Dermatology and Venereology, University of Athens, A Syntagma Hospital, Greece.
SO:  Dermatologica. 1988; 177(3): 149-51
JN:  Dermatologica
IS:  0011-9075
PY:  1988
LA:  English
CP:  SWITZERLAND
AB:  In this work, the incidence of nuchal nevus flammaeus was studied in 205 patients suffering from various forms of alopecia areata, as well as in a group of 555 volunteers without alopecia areata examined in our outpatient clinic. The incidence of nuchal nevus flammaeus in the totality-universalis form of alopecia areata was 58.2% (examined patients, n = 70), in ophiasis-extensive forms 22.8% (examined patients, n = 70) and in simple forms of alopecia areata 3.6% (examined patients, n = 56). In the group of 555 volunteers without alopecia areata the incidence of nuchal nevus flammaeus was 4.5%. Our results show that nuchal nevus flammaeus could be a valuable skin marker indicating a more severe course of alopecia areata.
CM:  Comment In: Dermatologica. 1989;179(1):32-3
MIME:  *Alopecia-Areata-complications; *Hemangioma-complications; *Skin-Neoplasms-complications
AGE:  Adolescent; Adult; Aged; Aged, 60-and-over; Alopecia-Areata-pathology; Child; Child,Preschool; Hemangioma-epidemiology; Hemangioma-pathology; Middle-Age; Neck; Prognosis; Skin-Neoplasms-epidemiology; Skin-Neoplasms-pathology
TG:  Female; Human; Male
PT:  Journal-Article
SH:  complications; pathology; epidemiology
SS:  Index-Medicus
UD:  20021101
DA:  19881123
DR:  20021101
CD:  19881123
RC:  National-Library-of-Medicine
AN:  3163940
XREC:  ABSTRACT (AB), COMMENTS (CM)