

Alopecia Areata Occurring in a Patient Receiving Systemic Cyclosporin A

Sir,

Systemic cyclosporin can be effective in alopecia areata (1-3). We here report the occurrence of alopecia areata in a 46-year-old woman receiving 130 mg twice daily of cyclosporin and nitrofurantoin 50 mg daily, after a renal transplantation 7 years earlier. Her primary kidney disease was interstitial nephropathy with a vesico-ureteral reflux. The morning level of cyclosporin before taking the treatment was 170 mg/ml. She had had occipital alopecia areata (5x4 cm) for 2 months, had had no stress, infection or other illness in the weeks or months before the occurrence of alopecia areata. Her family history was negative for immunological diseases. Biological parameters were normal, serum creatinine 126 $\mu\text{mol/l}$, creatinine clearance 49 ml/mn.

Tests were negative for antinuclear antibodies, native DNA, microsomal and thyroglobulin antibodies. The serum C3 level was 0.47 g/l (N:0.55-1.2), C4 level 0.09 g/l (N:0.2-0.5), and total hemolytic complement concentration 50 U/ml (N:400-520). Immune complexes and cryoglobulins were negative. She belongs to HLA group A_{2,30,31}; B_{18,35}; DR_{1,3}. Kidney HLA group was A_{2,3}; B_{35,40}; DR_{W6,W11}. Serum OKT₄/OKT₈ report was 1.68. No skin biopsy was performed. Topical propionate of clobetasol was given. One month later, hair regrowth was observed. No change in treatment was realized.

The imputability of cyclosporin in alopecia areata is not proposed. The hypothesis of hair regrowth induced by cyclosporin in alopecia areata is based on a loss of expression of HLA DR follicular keratinocytes and reduced perifollicular T cell infiltration (2, 3). Such a hypothesis cannot, however, explain the occurrence of alopecia areata in our case.

REFERENCES

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