



Combined laser and pharmacological treatment of Alopecia Areata

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Introduction:

Alopecia areata is a common autoimmune skin disease that results in the loss of hair on the scalp and other areas of the body. It occurs when the immune system mistakenly attacks hair follicles, causing hair to fall out in small, round patches.

There is no cure for alopecia areata, but various treatment options are available to help stimulate hair regrowth and manage the condition.

Laser	Fotona SP Spectro / SP Dynamis	
	Step 1	Step 2
Wavelength	2940nm – Er:YAG	2940nm – Er:YAG
Handpiece	PS03 – 7mm spot	PS03 – 5mm spot size
Fluence	7 J/cm ²	18 J/cm ²
Frequency	1.8 Hz	1.4 Hz
Pulse mode	Smooth mode	SP – Turbo 3
Technique	Stamping	Stamping mode with small overlapping
Passes	4 passes over the affected area	1 pass over the affected area
Sessions	First 4 sessions every 2 weeks followed by 4 more sessions, 1 per month (total 8 sessions)	



Dr Carlos Bravo is a Costa Rican dermatologist focused in clinical, surgical and aesthetic dermatology. He is passionate for laser applications and routinely uses both long pulse and Q-switched Fotona laser platforms in his daily practice as Medical Director of the Dermatología Integral de Costa Rica clinic. He has held positions as professor in Dermatology for several universities and is a former president of the Costa Rican Dermatology Society.

Dr. Jorge Araya Campos is a specialist in trichology at the Medihair clinic in San Jose, Costa Rica.

CLINICAL CASE:

Our protocol combines a pharmacological protocol with 8 sessions of Er:YAG laser performed in both ablative and non-ablative mode (described in chart above).

For the pharmacological protocol we prescribe a topical treatment consisting of a lotion of Minoxidil 5% and Finasteride 0,1% in daily use every morning and night applied over skin with hair. This is also combined with an oral treatment of Minoxidil 2mg, 1 per day. Both laser and pharmaceutical protocols are started simultaneously during all the treatment sessions and continued for 3 months after the alopecia patch was solved.

Below is an example case of a 36 y.o.male patient with a 2-year evolution of an alopecia patch, with no family background of alopecia areata. He had been previously treated in another treatment center with intralesional steroids without favorable results. Having no evidence of inflammation during the initial evaluation we proceeded to initiate the described treatment.



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