Trichotillomania or Tic d'Épilation?

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Dear Editor,

I read with interest “Trichotillomania Incognito: Two Case Reports and Literature Review” by de Novaes Fernandes et al. [1]. The authors report 2 children, 4- and 14-year-old, with trichoscopic findings of trichotillomania, specifically broken hairs, hair powder, and flame hairs, in the absence of the typical patchy hair loss of trichotillomania. The authors are to be commended for their thorough inspection of the patients. Ultimately, trichoscopy reassures patients with hair loss that they are receiving a thorough scalp examination, since these patients are often very distressed and otherwise feel they are not properly examined. On this occasion, the authors reinforce the relevance of trichoscopy in all hair disorder evaluations, which enabled recognition of the underlying condition, which they fancied to call trichotillomania incognito [1].

In fact, trichotillomania presents clinically as ill-defined patches of incomplete hair loss, most commonly at or following the onset of puberty, and in that age-group, it is more prevalent among females than males. Before the age of 6, males predominate.

The Diagnostic and Statistic Manual of Mental Disorders (DSM)-5 criteria for diagnosis of trichotillomania

are as follows: (1) the individual pulls hair out on a recurrent basis, which results in hair loss. (2) Repeated attempts have been made to reduce or stop the hair pulling altogether. (3) The hair pulling causes significant distress or impairment in areas of occupational, social, or other regions of functioning. (4) The hair pulling cannot be better attributed to another medical condition. (5) The hair pulling cannot be better explained as a symptom of another mental disorder and has been assigned its own classification (DSM-5 312.39, ICD-10 F63.3).

Obviously, these pediatric cases do not fulfill the criteria for diagnosis of trichotillomania, despite the presence of the respective trichoscopic features.

In young children, hair pulling usually results from a mild form of frustration in a climate of psychosocial stress, such as hospitalization of child or mother, sibling rivalry, inability to focus on activities and play, and difficulties at school, and soon becomes a habitual practice. Interestingly, hair pulling and eating have also been observed in captive rhesus monkeys [2]. Therefore, the condition has also been called tic d'épilation in French or epilation tic and trichotillohabitus, and usually has a good prognosis [3].

From puberty onward, hair gains significance as a secondary sexual characteristic, thus denoting biological maturity and gender identity. Especially tonsure trichotillomania in the female adolescent is related to more severe underlying pathologic psychodynamics, sometimes

Fig. 1. Mounted hair pluck in trichotillomania (light microscopy). Absence of telogen hairs.

with disturbance of parent-child (especially mother) relationships and of the relationship with female sexual identity, and has a guarded prognosis [4].

An easy semi-invasive diagnostic procedure to demonstrate the pulling of hair in an area of alopecia is the hair pluck (trichogram), which will typically show a significantly decreased telogen rate at the periphery of the area of hair loss, since telogen hairs are more easily plucked than anagen hairs (Fig. 1).

Indeed, trichoscopy has gained popularity in clinical practice as a valuable tool in the differential diagnosis of

hair and scalp disorders. Nevertheless, as a diagnostic procedure, trichoscopy is to be understood as representing an integral part of a comprehensive dermatological education. It would be imprudent to replace well-tried dermatologic examination procedures with trichoscopy, such as the trichogram, light microscopic hair shaft analysis, microbiological studies, and scalp histopathology [5].

“The inability of some critics to connect the dots doesn’t make pointillism pointless,” Georges Seurat responded to his critics, and yet one cannot appreciate an image created by means of small distinct dots of color in the pointillistic style of Georges Seurat (1859–1891) as a whole by inspecting it with a magnifying glass.

Statement of Ethics

There are no ethical conflicts to disclose.

Conflict of Interest Statement

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