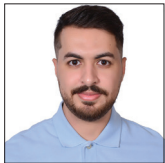


Letter to the Editor

The demographic and clinical profile of patients with alopecia areata in Syria: A study letter

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Dear Sir,

Alopecia areata (AA) is a chronic inflammatory disease that leads to non-scarring hair loss on the scalp and other areas bearing hair.^[1,2] It is the second most common disorder leading to hair loss after androgenetic alopecia and affects up to 2% of the world's population.^[1,2]

Worldwide AA incidence varied from 2.1 and 0.7% to 3.8% in the USA, India, and Singapore (respectively), according to research by Fricke *et al.* (2015).^[3] Regional studies conducted in Africa and the Middle East have shown AA prevalences ranging from 0.2 to 13.8%, depending on the specific treatment landscapes of each country.^[4] However, no clinical or epidemiologic study of patients with AA in Syria has been published.

A Turkish study was conducted to investigate skin diseases and associated psychiatric illnesses in local populations and Syrian refugees (166 participants) in 2013.^[5] 48 Syrian refugees were

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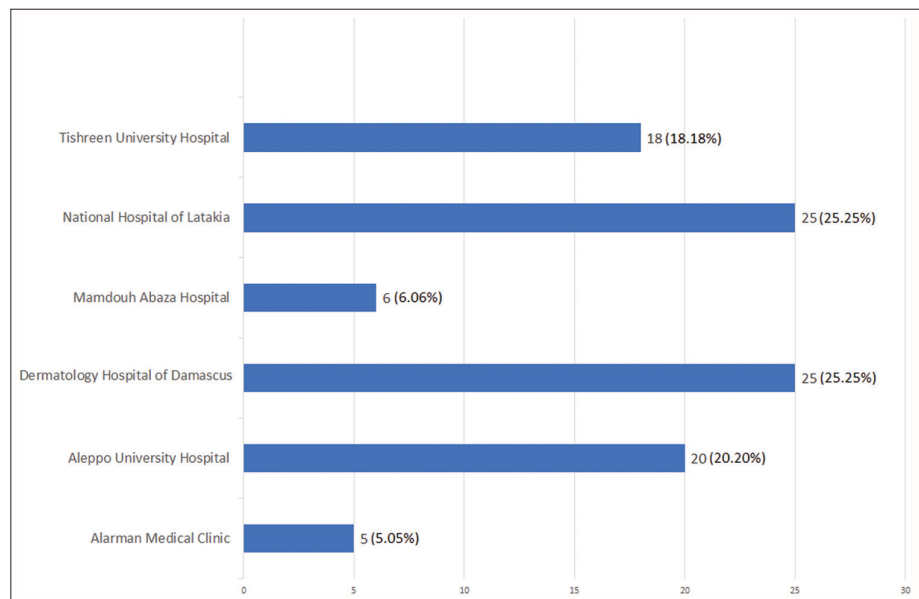


Figure 1: The number/percentage of patients per health facility.

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included in the study, which corresponds to 28.9% of all participants. Only 5 (2.6%) patients who were Syrian refugees were diagnosed with AA.^[5] Nevertheless, this study did not provide detailed results (such as the demographic/clinical profile of the AA patients) or a link between the type of psychiatric illness and AA.

To assess the demographic and clinical characteristics of patients with AA in Syria, a cross-sectional study was conducted from July 3, 2023, to October 5, 2023, in six health care facilities in five governorates: Damascus (Dermatology Hospital of Damascus), Aleppo (Aleppo University Hospital), Latakia (Tishreen University Hospital and National Hospital of Latakia), Homs (Alarman Medical Clinic), and Al-Quneitra (Mamdouh Abaza Hospital).

The number and percentage of the recorded AA cases are demonstrated in Figure 1. The demographic and clinical data of the patients included in the study are shown in Table 1.

A total of 99 patients, who were examined in designated dermatology clinics, were enrolled in the study. Cases that were suspected or diagnosed in other departments were excluded. The diagnosis of AA was made clinically, by examining the patients' hair and with a handheld magnifying device in some cases. More than three-quarters of the patients were males (76.76%). The average age of the patients was 27.37 and the young adults (20 – 39 years) were the most affected age group with over a third (37.37%). However, the prevalence of AA generally appears to be higher in women than in men and has an average onset at the age of 20 – 25.^[1,4] Patients living in urban areas were slightly more (52.52%) compared to those living in rural areas (47.47%).

The incidence of developing AA was highest among students (29.29%). However, soldiers (7.07%) were most frequently affected by AA compared to other occupational groups. Various types/subtypes and localizations of AA were observed in the patients, which are listed in Table 1. Anyhow, patchy scalp was the most commonly reported (62.62%).

Studies have shown that the risk of AA in families of AA patients is significantly higher than in the general population.^[6] A study conducted in Germany and Belgium on the familial clustering of AA found that about 20% of patients had at least one family member with AA.^[6] In our study, 22.22% of patients reported that they had a family history of diagnosed AA.

Numerous comorbidities such as atopic diseases, thyroid diseases, metabolic syndrome, and psychiatric disorders are associated with AA.^[1] Autoimmune thyroid disease and thyroid dysfunction are frequently reported as associations.^[1] However, about three-quarters of the patients in our study (74.74%) had no concomitant diseases, while around a quarter of them (25.25%) reported suffering from concomitant diseases. Of the concomitant diseases,

Table 1: The demographic and clinical data of the patients.

Characteristic	Overall, n (%)
Gender	
Male	76 (76.76)
Female	23 (23.23)
Age groups (years)	
Infants, toddlers, and preschoolers (0–5)	8 (8.08)
School-aged children (6–12)	15 (15.15)
Adolescents (13–19)	17 (17.17)
Young adults (20–39)	37 (37.37)
Middle age adults (40–59)	19 (19.19)
Elderly persons (60+)	3 (3.03)
Settlement	
Rural	47 (47.47)
Urban	52 (52.52)
Employment/educational status	
Unemployed	15 (15.15)
Under school age	8 (8.08)
School students	29 (29.29)
Undergraduate students	7 (7.07)
Soldier	7 (7.07)
An office employee in a government institution	6 (6.06)
Teacher	3 (3.03)
Engineer	2 (2.02)
Mechanic	2 (2.02)
Electrician	1 (1.01)
Accountant	1 (1.01)
Nurse	1 (1.01)
Doctor	2 (2.02)
Farmer	3 (3.03)
Carpenter	1 (1.01)
Construction worker	5 (5.05)
Salesperson	2 (2.02)
Cleaning worker	1 (1.01)
Taxi driver	1 (1.01)
Tailor	1 (1.01)
Baker	1 (1.01)
Alopecia areata type/subtype	
Patchy scalp	62 (62.62)
Patchy beard	14 (14.14)
Patchy eyebrows	3 (3.03)
Ophiasis	1 (1.01)
Totalis	3 (3.03)
Universalis	2 (2.02)
Patchy scalp+Patchy beard	8 (8.08)
Patchy scalp+Patchy eyebrows	3 (3.03)
Patchy scalp+Patchy eyelash	1 (1.01)
Patchy eyebrows+Ophiasis	1 (1.01)
Patchy beard+Reticularis	1 (1.01)
Family history	
Present	22 (22.22)
Absent	77 (77.77)
Comorbidity	
Yes	25 (25.25)
No	74 (74.74)
Associated diseases	
Vitiligo	5 (5.05)
Asthma	5 (5.05)
Hypothyroidism	4 (4.04)
Allergic rhinitis	4 (4.04)
Atopic dermatitis	3 (3.03)
Diabetes mellitus	2 (2.02)
Psoriasis	2 (2.02)

vitiligo and asthma were the most frequently reported, each accounting for 5.05%.

The size of the sample, the number of locations, where the samples were taken, and the duration of the study can be deemed as limitations for this study. More studies that include a larger number of patients to investigate AA in Syria should be conducted. To the best of our knowledge, this is the first study on AA from Syria.

Authorship

Jacob Al-Dabbagh: Concept, design, data analysis, statistical analysis, supervision, and manuscript review. Rasha Sliman, Abed Alrahman Hanino, Karina Akabati, Lama Maaita, and Siba Abou Khair: Data acquisition and data analysis.

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Ethical approval

The study approved by the Faculty of Medicine of Tartous University in accordance with the third clause of document No. 1449, S. T., dated June 13, 2023.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Nil.

Conflicts of interest

There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

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