

*****no patient handout***

Trichotillomania - External and Internal Eye

Synopsis

Trichotillomania (hair pulling) is a compulsion to pull out one's own hair, leading to alopecia. It may vary from a mild habit to an impulse-control disorder. It is more common in females and usually starts in childhood or adolescence.

Individuals may pluck hair from any site.

If hairs are swallowed they can lead to trichobezoar in the stomach and other portions of the gastrointestinal tract that can present as symptomatic.

Codes

ICD10CM:

F63.3 – Trichotillomania

SNOMEDCT:

17155009 – Trichotillomania

Look For

There are no actual skin lesions. The scalp is the usual site with areas of alopecia with irregular borders and broken hairs of variable length. The eyelash or eyebrow areas may be affected.

DSM-IV diagnostic criteria for trichotillomania are:

- Recurrent pulling out of one's hair, resulting in noticeable hair loss.
- An increasing sense of tension immediately before pulling out the hair or when attempting to resist the behavior.
- Pleasure, gratification, or relief when pulling out the hair.
- The disturbance is not better accounted for by another mental disorder and is not due to a general medical condition (eg, a dermatologic condition).
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Diagnostic Pearls

There may be associated nail-biting, skin or nose picking, lip biting, and cheek chewing.

Hair licking, chewing, and eating (trichophagia) may also be noted, with bits of hair between the teeth or even gastrointestinal complaints from trichobezoars.

Differential Diagnosis & Pitfalls

- **Tinea capitis**
- **Alopecia areata**
- **Monilethrix**
- **Traction alopecia**
- **Secondary syphilis** (for alopecia)

Best Tests

Hair exam can help verify a diagnosis of trichotillomania. A hair pluck will show newly growing anagen hairs with tapered, unpigmented distal ends and a low incidence of telogen hairs due to the immediate plucking of hairs when they are long enough to remove.

Ultrasonography and computed tomography (CT) scans may be used to look for a hair bezoar in the stomach.

Biopsy may be used to verify a suspected diagnosis.

Histopathology Findings:

Common features

- Increased catagen/telogen hairs
- Pigment casts = irregularly shaped pigment masses (not specific)
- Trichomalacia = distorted hair shaft (not specific)
- Minimal to absent inflammatory infiltrate

Occasional features

- **DIAGNOSTIC:** Hemorrhage within and around follicle epithelium

Management Pearls

Try to assess what activities the hair-pulling behavior is commonly associated with, and consider behavior modification with the help of a professional. Common activities that patients tend to engage in while hair pulling include watching television, reading, lying in bed, talking on the phone, doing paperwork, writing, or driving.

In cases where eyelashes are being removed, watch for secondary problems of blepharitis, secondary infection of the lids, and conjunctivitis.

Therapy

Consult with psychiatry, psychology, or developmental-behavioral pediatrics specialists; behavioral treatment and intervention is the first line of treatment.

SSRIs have been shown to be helpful.