

Pineda Lozano JC<sup>1</sup>, Alvis Zakzuk NR<sup>1</sup>, Moyano L<sup>1</sup>, Cera Coll CV<sup>2</sup>, Fierro Lozada JD<sup>2</sup>, Celorio Murillo W<sup>3</sup>, Castillo DE<sup>4</sup>, Castillo Molina D<sup>1,2</sup>; Alvis Guzmán N<sup>1,5</sup>, Zakzuk Sierra J<sup>1,6</sup>

1. ALZAK Foundation, Cartagena, BOL, Colombia; 2. Funinderma, Bogotá, Colombia; 3. Universidad Libre, Cali, Colombia; 4. Larkin Community Hospital South Miami Campus, Miami, FL, USA; 5. Universidad de la Costa, Barranquilla, Colombia; 6. Universidad de Cartagena, Cartagena, Colombia

## OBJECTIVES

Alopecia Areata (AA) is an autoimmune disorder with high impact on mental health and health-related quality of life. This disease is poorly characterized in Latin America and research efforts to improve the knowledge of its epidemiology, risk factors and health-care practices are unmet needs. We sought to describe the sociodemographic and clinical characteristics and treatment patterns of patients with Alopecia Areata (AA) in Colombia.

## METHODS

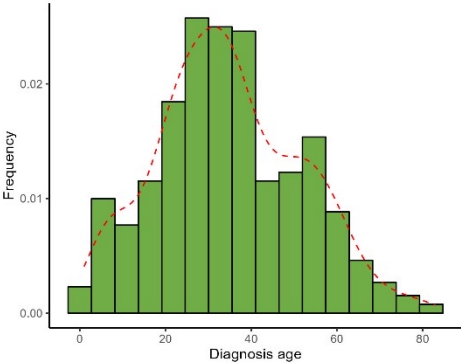
Observational, descriptive, and multi-centric study developed in four cities of Colombia (Bogota, Barranquilla, Cali, and Cartagena). The data used derived from the first phase of the national registry of patients with alopecia areata in Colombia (RENAAC for its acronym in Spanish). This data was collected between March and September 2022. Absolute and relative frequencies were estimated.

## RESULTS

A total of 479 patients were included. The most common observed type of plaque was multiple (54.9%), and the predominant AA subtype was patchy. Most common body locations were scalp (96%) and face (17.3%). Ungual compromise was scarce (8.6%). Males had an earlier diagnosis of AA (30.7 years-old, SD 15.1) than female patients (37.2 years-old, SD 17.2). Most common clinical antecedents were of endocrinological (17.5%) and psychiatric type (8.8%).

## RESULTS

**Figure 1** Age of AA diagnosis by five-year period



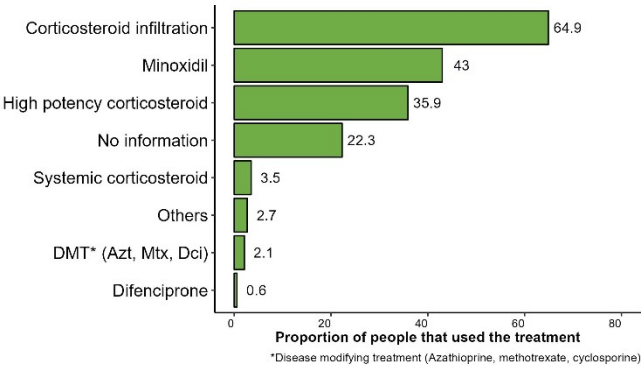
**Table 1.** Sociodemographic and clinical characteristics of patients with AA

Variable	N=479	%
<b>Sex</b>		
Males	188	39.6
Females	291	60.4
<b>Age in years [mean (SD)]</b>	38.9	16.7
<b>Evolution time in years [mean (SD)]</b>	1.7	4.1
<b>Type of plaque</b>		
Multiple	263	54.9
Single	171	35.7
No information	45	9.4
<b>Ungual compromise</b>	41	8.6

The most common observed type of plaque was multiple (54.9%), and the predominant AA subtype was patchy.

Subtype	N=479	%
Patchy	357	74.5
Multilocular	42	8.8
Diffuse	36	7.5
Ophiasis	27	5.6
Universalis	11	2.3
Totalis	6	1.3

**Figure 2.** Treatment patterns of patients with AA



## CONCLUSIONS

In this Colombian registry of AA, a slightly predominance in females and a younger diagnoses in males was observed. Age of AA onset was similar to that reported in United States and greater than Asia rates.