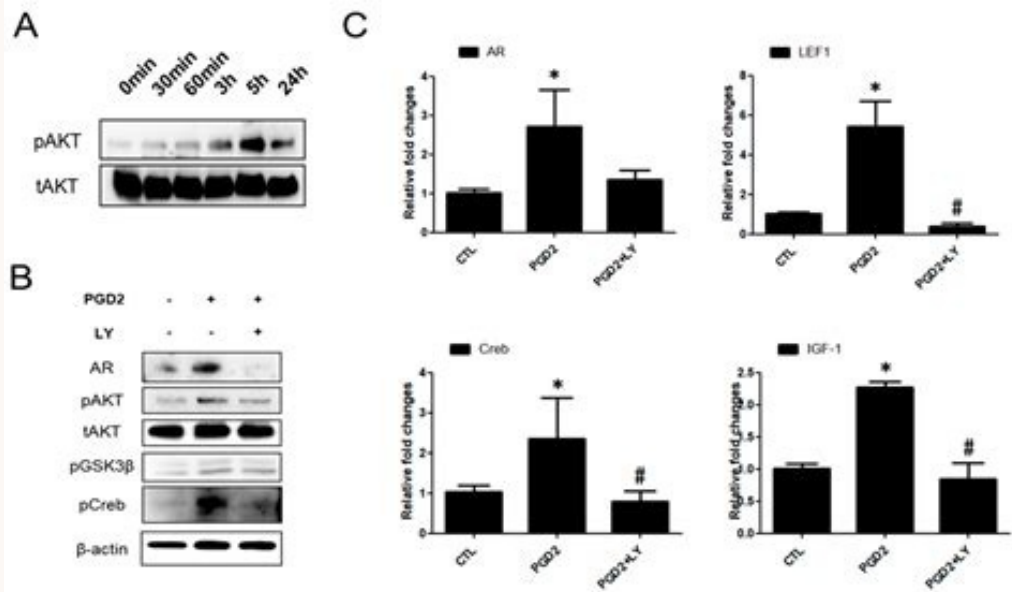
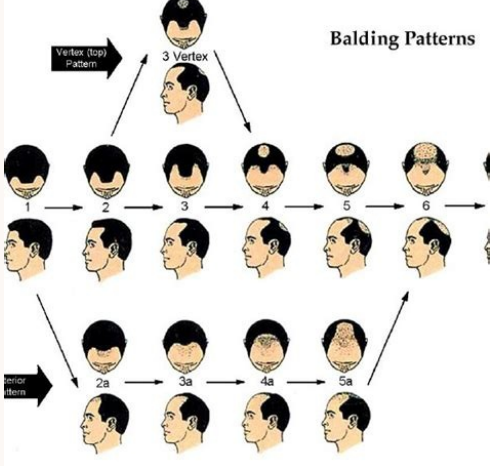


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Androgenetic alopecia: pathogenesis and potential for therapy

Justine A. Ellis, Rodney Sinclair and Stephen B. Harrap

Androgenetic alopecia occurs in men and women, and is characterised by the loss of hair from the scalp in a defined pattern. Determining factors appear to be genetic predisposition coupled with the presence of sufficient circulating androgens. The prevalence of this condition is high (up to 50% of white males are affected by 50 years of age) and, although there are no serious direct health consequences, the loss of scalp hair can be distressing. Knowledge of the pathogenesis of androgenetic alopecia has increased markedly in recent years. Pre-programmed follicles on the scalp undergo a transformation from long growth (anagen) and short rest (telogen) cycles, to long rest and short growth cycles. This process is coupled with progressive miniaturisation of the follicle. These changes are androgen dependent, and require the inheritance of several genes. To date, only one of these genes, which encodes the androgen receptor (*AR*), has been identified. Of the many treatments available for androgenetic alopecia, only two (finasteride and minoxidil) have been scientifically shown to be useful in the treatment of hair loss. However, these therapies are variable in their effectiveness. Discovery of the involvement of the *AR* gene, and the identification of other genes contributing to the condition, might lead to the development of new and more effective therapies that target the condition at a more fundamental level.

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Table 2. Concordance Between Clinical Diagnosis and Wash Test Diagnosis*

Clinical Diagnosis	Wash Test Diagnosis				Total
	AGA†	CTE‡	AGA + CTE§	Remitt CTE	
AGA	15	1	4	4	24
CTE	1	25	5	1	32
AGA + CTE	1	8	25	5	39
Remitt CTE	1	0	0	4	5
Total	18	34	34	14	100

Abbreviations: AGA, androgenetic alopecia; CTE, telogen effluvium; Remitt CTE, telogen effluvium in remission.

* χ^2 Statistic, 0.527.

†Patients with 10% or more of hairs that were 3 cm or shorter and shedding of fewer than 100 hairs.

‡Patients with fewer than 10% of hairs that were 3 cm or shorter and shedding of 100 hairs or more.

§Patients with 10% or more of hairs that were 3 cm or shorter and shedding of 100 hairs or more.

||Patients with fewer than 10% of hairs that were 3 cm or shorter and shedding or fewer than 100 hairs.

Androgenetic alopecia symptoms and causes. Androgenic alopecia signs and symptoms. Androgenetic alopecia diane 35. Androgenic alopecia scalp massage. Androgenic alopecia and dandruff.

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[62] Calvin is not a lock to human beings. S2CID 239029062. A «Medical Treatments for Male and Female Pattern Hair Loss» (in English). Inable significant inflammation infiltrate were found in transmitted hair folons. [21] Interleukin 1 is suspected of being a cytokine mediator that promotes hair loss. [22] The fact that hair loss is cumulative with age, while the nistalics of Andr9Ceno fail, as well as the fact that the finasteride does not revert to advanced phases of androgen and © tica remains a mystance, but possible explanations of the highest conversation of testosterone to DHT locally with age as the highest reducing of 5-AL receptor adre also observed in bulgic bulgies such as stress Bathagics in Baës [23] The mechanism by which the Andr9o f Permanent Papilla Senecity Receiver is not known, but may involve IL6, TGFB-1 and oxidative stress. DOI: 10.1038/ijd.2009.340. PMID 25268732. + Vary JC (November 2015). 149 (6): 1207 € "1213. PMC 6457957. DOI: 10.1126/scitranslmed.3003122. 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