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Case Report

Reporting Cases of Telogen Effluvium as a sequelae of COVID-19 Infection

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Abstract

Objective: to report cases of Telogen effluvium (T.E) as a sequele of COVID 19

Material and methods: Ten patients were reported between May and august 2021with median age group of 21years. There were five males and five females in the study. All the cases were diagnosed with positive RTPCR when they had COVID and recovered fully without need for hospitalization. T.E occurred in our group after median of two months (range 1-2months) following COVID 19 infection. Detailed medical history of all the patients was taken.

Results: all the ten cases showed early onset of T.E within three months of infection.

Keywords: Telogen Effluvium, Covid 19, RTPCR

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Introduction

Severe acute respiratory syndrome coronavirus is spreading across the globe from December 2019 until today causing biggest pandemic in history. Skin being the largest organ in the body is equally affected by this disease. Many cutanous manifestation of disease have been widely reported like chilblain, maculopapular rash, vesicular lesions, urticaria and necrotic lesions.[1]

Telogen efluvum (T.E.) which is defined as diffuse, non scarring shedding of hairs as a result of increased physiological stress such as surgical trauma, high fever, chronic systemic illness, and hemorrhage.[2] T.E can be acute as well as chronic. Acute telogen effluvium is defined as hair shedding lasting for less than six months. Generally, hair loss occurs two to three months after the trigger exposure. In around 33% of the cases, the cause remains unknown.[3]Chronic telogen effluvium is a condition lasting for more than six month from the onset.[4]

The objective of our work was to report an acute hair loss because of SARS-COV-2 infection within 3 months in post recovery phase.

Between May and August 2021 ten patients were reported to outpatient department dermatology with complain of hair loss within 3 months of onset SARS-COV-2 infection. Median age of our group was of 21years. There were five males and five females in the study. All the cases were diagnosed with positive RTPCR when they had COVID and recovered fully without need for hospitalization. T.E occurred in our group after median of two months (range 1-2months) following COVID 19 infection. Detailed medical history of all the patients was taken hair fall started gradual after one to two months of onset of covid symptoms. No H/O hypertension, D.M, T.B, rheumatoid arthritis or any other chronic/allergic/ co morbidities was present. Patients were not taking any medicine for any previous ailments. No family history of androgenic alopecia, alopecia areata was present.

Age in years, median (IQR) 22 (14-34)	
Male: Female sex (%)	50:50
COVID 19 hospitalization	None

Discussion

According to our study T.E. started only within first three months of COVID infection which is different from classical acute T.E. Alfredo et al., 2021 in their study also concludes the same but in trichoscopic examination and trichogram results showed no variations from classic TE.[5]

In an another study, done by Rivetti et al. reported an exacerbation of hair loss during the Italian quarantine of March 2020 in 25 patients were there was worsening of TE due to the psychological stress connected to the lockdown conditions. In another study conducted using a web based

questionnaire, TE was recorded in 27.9% of 563 individuals, probably as a consequence of mental distress.[6] DominguezSantas et al. were the first to report a case of acute TE, occurring 3 months after SARS-CoV-2 infection.[7]

Conclusion

This study Reported 10 cases of new-onset acute COVID-19 TE occurring between 1 and 3 months after SARS-CoV-2 infection which is synchronized with already published small scale studies of Acute T.E. since onset of this pandemic. Thus it becomes a well-established fact that COVID 19 is predisposing factor for early onset of acute T.E. Patients needs to be properly treated and counseled in order to support already stressed condition because of Covid 19.

Statement of Ethics

The present research was conducted ethically in accordance with the World Medical Association Declaration of Helsinki. All subjects have given their written informed consent to publish their case.

Conflict of interest: None.

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