

## Afro-textured hair and colourism notes:

What is afro textured hair?

There is no perfect definition:

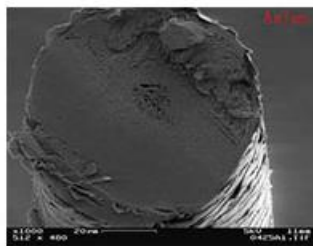
- Curly, Coily
- Grows upwards.
- Seen in people of African descent.
- Afro, Black hair, Textured, Kinky
- Versatile

Is afro textured hair different? #

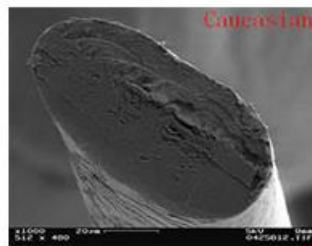
- Increased fragility
- Increased dryness (less total sebum on hair fibre)
- Increased knots
- Reduced hair density
- Slower growth rate (Asian >Caucasian >African)

## **What is normal black African hair? A light and scanning electron-microscopic study**

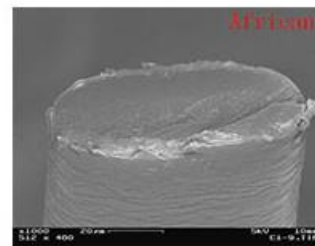
N. P. Khumalo, MBChB,<sup>a</sup> P. T. Doe, MBChB,<sup>a</sup> R. P. R. Dawber, MA, FRCP,<sup>a</sup> and  
D. J. P. Ferguson, PhD, DSc<sup>b</sup> *Oxford, United Kingdom*



Asian hair: round shape

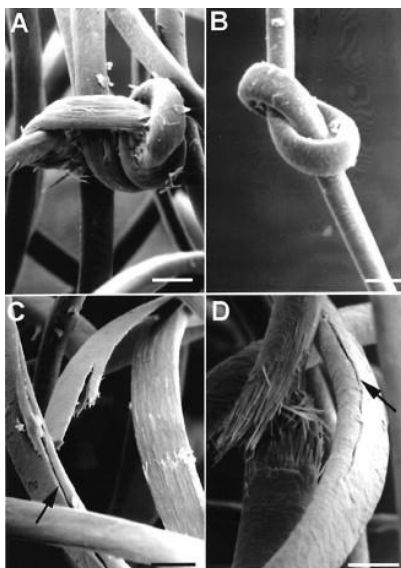


Caucasian hair: oval shape



African hair: flat oval shape

A, C and D are from afro-texture hair. Notice how there are many more knots compared to B which was in Caucasian skin.



## Traction Alopecia

- Pulling forces → strain on the follicle → uproot the hair prematurely.
- Up to 37% of women of African descent
- Worse at sites of maximal tension
  - *Marginal (fronto-temporal) vs non-marginal*
- Hair coverings as well as styling practices

## Clinical features of traction alopecia:

- Immediate signs: pain, erythema, pustules (traction folliculitis), tenting
- Early signs: trichomalacia
- Late signs: vellus hairs, Fringe sign, scarring (sebaceous glands and terminal hair follicles replaced by fibrotic fibrous tracts)
- Dermoscopy: hair casts, broken hairs, black dots
- Histology:
  - reduced number of hair follicles
  - increased ratio of miniaturised/vellus follicles to terminal follicles
  - increased proportion of hairs in the catagen and telogen phases
- **The “Fringe Sign” - A useful clinical finding in traction alopecia of the marginal hair line**  
**Aman Samrao MD<sup>1</sup>, Vera H Price MD FRCPC<sup>1</sup>, Daniel Zedek MD<sup>2</sup>, Paradi Mirmirani MD<sup>1,3,4</sup>**  
**Dermatology Online Journal 17 (11): 1**

Arrow – broken hairs

Triangle – black dots

## Management:

- Patient education
- Hair style practices
  - *Loosen/cut hair*
  - *Reduce exposure to chemicals and heat*
- Anti-inflammatory antibiotics
- Topical/intralesional steroids
- Minoxidil
- Camouflage techniques
- Hair transplant

### Central centrifugal cicatricial alopecia (CCCA)

- Lymphocytic primary cicatricial alopecia
- Most common cause of scarring alopecia in black women
- Up to 5% of women affected.
- “hot comb alopecia”?
  - Autosomal dominant patterns reported
  - PADI3 gene mutations (encodes for protein essential to proper hair shaft formation)
  - Genes associated with fibroids and keloids upregulated in CCCA-affected scalp tissue

### Clinical Features of CCCA

- Central, Centrifugal, Cicatricial
- Can be patchy.
- Burning, itching, soreness, altered sensation (asymptomatic)
- Scaling, papules, pustules
- Fibrosis and scarring disproportionate to clinical and histological inflammation.
- Ceroscopy:
  - *peripilar grey-white halo*
  - *hair shaft variability*
  - *absence of follicular openings*
  - *irregularly distributed pinpoint white dots*
- Histology:
  - *goggle sign (fused outer root sheath of hair follicles emerging from the same ostium)*
  - *premature desquamation of inner root sheath*
  - *lymphocytic infiltration*
  - *perifollicular fibrosis*

### Management of CCA:

Under researched so hard to know which treatment is the best:

- Patient education – **to prevent loss of more hair NOT to say they were the cause**
- Potent topical/intralesional steroids
- Topical/oral minoxidil
- Anti-inflammatory antibiotics
- Hydroxychloroquine
- Ciclosporin
- Camouflage practices

- Hair transplant **if stable and no inflammation** (low graft survival)

#### Acquired Trichorrhexis Nodosa

- Breakage not shedding.
- Accumulation of insults
- White nodes throughout the hair
- Hair shaft differences + hair practices = increased risk
- Prevention is the only treatment.

#### Acne keloidalis nuchae

- Keloid-like acne lesions on the posterior neck and occipital scalp
- Misnomer - chronic folliculitis/perifolliculitis on histology
- Almost exclusive to men of African descent
- Multifactorial cause not completely understood.
- Tip of curly hair penetrates the scalp --> acute inflammation of hair follicles and skin --> chronic folliculitis --> AKN.
- Trauma from close shave drives inflammation

#### Clinical features

- Discrete red/skin-coloured papules
- No comedones
- Asymptomatic, maybe itchy, or painful
- Papules can coalesce/enlarge > large horizontal keloid with tufts of hair (treat early!)

#### Management of Acne keloidalis nuchae

- **Patient education**
- Avoid hard shirt collars/head gear that cause friction.
- Avoid cutting the hair very low.
- Avoid sharp cut at neckline.
- Potent topical/intralesional steroids
- Topical retinoids
- Topical/systemic antibiotics
- Excision
- Electrochemotherapy
- Laser

#### **Black hairstyles:**

##### **Box braids:**

- Ensure it is not too tight.
- Ensure it is not too heavy.
- Avoid always braiding in one direction.

### Dreadlocks

- Long doesn't equal healthy.
- Ensure it is not too heavy.
- Don't re-twist too tightly?

Ask the patient what term they prefer: Dreads? Locks? Dreadlocks? – cultural differences

### Natural twists

- Low tension
- Haircare whilst in

### Lace front wig.

- Contact dermatitis – with use of glue occasionally
- Traction alopecia
- Haircare whilst in

Relaxed:

- Overdone
- Can damage hair over time.

### Advising patients with afro-textured hair:

- More manipulation = more risk of damage
- Doing your hair should not cause pain. (Having to take a paracetamol after getting your hair done is not normal)
- Relaxers remove layers of fatty acids on hair shafts.
  - *Relax only new growth.*
  - *Not more frequently than every 6-8 weeks*
  - *Scalp should **never** burn.*
- Hair dye causes cumulative damage (bleach >permanent dye >temporary)
- Thermal straightening causes hair shaft weakening.
- Take breaks – “protective styling.”
  - *Stop relaxers/dyes for 6-12 months*
  - *Loose braids/twists*
  - *Wigs/loose weaves*
- Normal to wash hair every 1-2 weeks
- Patience!

Leaflet created by Dr Amofo:

<https://www.skinhealthinfo.org.uk/condition/caring-for-afro-textured-hair/>

Considerations:

- Awareness
- Be sensitive.
  - *Cultural expectations*
  - *Professional implications*
  - *Cost*
- Don't make assumptions.
- CCCA Support group

**Colourism and what a dermatologist should know:**

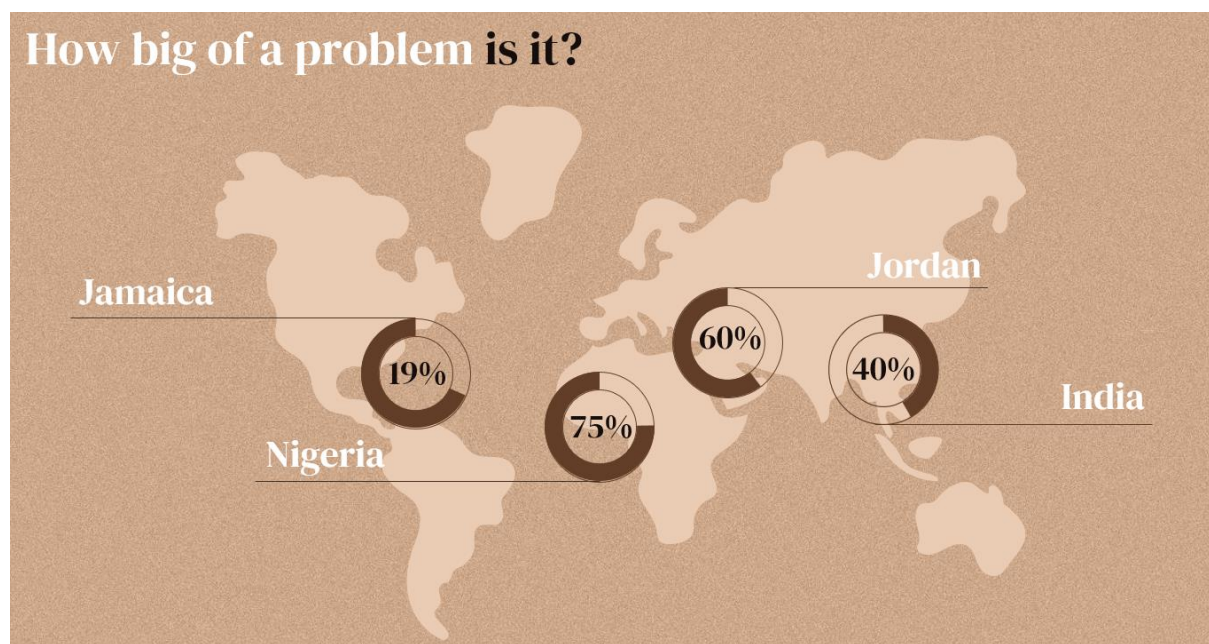
**Definition:** Prejudice or discrimination against individuals with a dark skin tone, typically among people of the same ethnic or racial group.

And/or the preferential treatment towards people who have lighter skin within a race

Why should we be aware as dermatologist:

- The skin lightening industry will be worth \$31 billion by 2024.  
(ref: Global Industry Analytics, inc)
- People of almost all non-white cultures are doing it
- Affordable & accessible

How big of a problem is it?



How are people using skin lighting products:

- Topicals
- Glutathione PO/IV
- DIY at home

What's in these products and why should we be worried:

**Super potent topical steroids:**

- Often clobetasol
- Anti-inflammatory
- Vasoconstriction

**Mercury:**

- Competes with copper to inhibit tyrosinase.
- Potent hypopigmentation
- Cheap
- Toxic

**Hydroquinone:**

- Tyrosinase inhibitor
- Gold standard 4%
- Higher percentages available
- Banned in the UK in 2001 without prescription.

Side effects of corticosteroids:

- Skin atrophy
- Telangiectasia
- Depigmentation
- Acne/Folliculitis
- Striae
- Hirsutism
- Adrenal insufficiency
- Cushing's syndrome

### Mercury side effects:

- Erethism (Mad Hatter's Disease)
- Tremor
- Muscle spasms
- Kidney failure
- Mental performance in children of pregnant women
- Environmental impact

### Hydroquinone side effects:

- Irritant dermatitis
- Exogenous ocranosis
- Trimethylaminuria

**Trimethylaminuria:** *Excessive use of hydroquinone in combination with certain foods in the diet (fish, eggs, offal, beans) can result in an unpleasant fish odour in the body secretions such as sweat and urine (trimethylaminuria).*

### Cancer risk from bleaching creams:

-shown to increase squamous cell carcinoma – cause unknown but theories include:

- Melanin destruction
- Corticosteroid induced immunosuppression.
- Direct carcinogenic effects

### What is our role:

- Education
- De-normalize.
- Understand chronicity.
- Acknowledge psychological aspects.
- **Beware of the hidden skin bleachers.**
- **Ask directly**

### Beware of the **hidden bleachers**



**DISCLAIMER:** Please note that this is a resource to help students and health professionals. It is not intended and should not be used as a resource, guideline or reference for clinical



**practice or decision making. It is not designed for patients looking for medical information or advice.**

Written by: Precious Nemedi, Ezigbo Iyama, Vaseharan Suntharan and Dr Emma Amofo.

Based on the lecture: Afro-textured hair and colourism - Dr Emma Amofo