



“Why am I losing my hair?”

Benjamin Barankin, MD, FRCPC

A 34-year-old female is concerned about diffuse hair loss which she noticed soon after her pregnancy. Three months postpartum, the hair loss does not appear to be stopping.

1. What is the most likely diagnosis?

- Alopecia universalis
- Androgenic alopecia
- Telogen effluvium
- Trichotillomania
- Anagen effluvium

2. What are some causes of this problem?

- Eating disorder (e.g., anorexia)
- Recent surgery
- Pregnancy
- Severe trauma or febrile illness
- All of the above

3. How might you manage this condition?

- Consider blood tests (e.g., complete blood count, ferritin, thyroid-stimulating hormone)
- Reassure patients that in most cases, hair shedding stops within six months
- Topical minoxidil for patients who demand treatment
- Ensure patient has a balanced diet
- All of the above

Telogen effluvium presents as acute diffuse hair shedding secondary to metabolic or hormonal stress, or medications. Recovery in most people takes place within six months, although a more chronic form of a longer duration occasionally develops. This type of alopecia is non-scarring;




Figure 1. Hair loss.

thus, follicular orifices are still visible and so permanent or complete hair loss is unlikely.

Both acute and chronic telogen effluvium are more commonly reported in women, particularly in the postpartum period. It can occur at any age, including infancy, during the first few months of life. Patients complain of hair falling out “in clumps” rather than the slow process of hair thinning as is noted in androgenetic alopecia.

Most patients have a history of metabolic or physiologic stress in the six months preceding their alopecia, such as: febrile illness, major injury or surgery, change in diet, pregnancy and delivery, or a new medication. Less commonly, severe scalp involvement with seborrheic dermatitis or psoriasis can result in telogen effluvium.

Treatment is generally limited to reassurance, although reversible causes of hair shedding, such as inadequate diet, hypothyroidism, iron deficiency, or medication use should be corrected. For patients requesting more active treatment, topical minoxidil can be tried. 

Answers: 1-c; 2-e; 3-e

Dr. Barankin is a Dermatologist practicing in Toronto, Ontario.