

CONSULT

Internal Diseases/ Endocrine and Metabolic Diseases / Rheumatology

- ▶ Since the frequency of type I diabetes mellitus is high in alopecia areata patients, symptoms such as weight loss, polyuria, polydipsia, and abdominal pain should be monitored.
- ▶ Since the frequency of autoimmune thyroid diseases may have increased, if there are complaints of fatigue or weakness, endocrine and metabolic diseases should be consulted in this regard.
- ▶ Since the recurrence of lupus erythematosus has been detected, it may be necessary to follow up the patients in this respect and consult the rheumatology unit in case of doubt.
- ▶ The prevalence of inflammatory bowel disease (IBD) in alopecia patients was found to be significantly higher compared to normal population. It seems to be beneficial to screen patients in this respect as well.

Pulmonary Diseases

- ▶ The incidence of alopecia is increased in atopic patients, and when asthma-related symptoms are detected, the relevant branch should be consulted.

Otorhinolaryngology Diseases

- ▶ The frequency of allergic rhinitis, another atopic component, has increased in these patients. According to one study, 20-22% of patients with alopecia areata were diagnosed with allergic rhinitis. In case of doubt, the patients should be consulted to a specialist.

Medical Genetics

- ▶ This disease, which has a close relationship with Down syndrome and autoimmune polyglandular syndrome, can be guided in terms of evaluation of syndromes and other components by genetic counseling.

Psychiatry

- ▶ Anxiety and stress may be the initiating factors in hair loss, and anxiety and mood-state changes have been found with an increased frequency in alopecia patients. The patients should be assessed by a psychiatrist if treatment resistance, and/or disease progression occurs.

Infectious Diseases and Clinical Microbiology

- ▶ Depending on the stage of the disease, immunosuppressive treatments such as cyclosporine, methotrexate, tofacitinib, azathioprine can be administered. Before the initiation of these medications, preventive treatments for tuberculosis, hepatitis B, pneumococcal and influenza infections should be planned.

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DANIŞ

İç Hastalıkları/Endokrin ve Metabolizma Hastalıkları/ Romatoloji

- ▶ Hastalarda tip I diyabetes mellitus sıklığı artmış olduğundan kilo kaybı, poliüri, polidipsi, karın ağrısı semptomları açısından hastalar dikkatle izlenmelidir.
- ▶ Otoimmün tiroid hastalıklarının da sıklığı artmış olabileceği için yorgunluk halsizlik şikayetleri varsa endokrin ve metabolizma hastalıklarına bu açıdan danışılmalıdır.
- ▶ Lupus eritematozusun artmış sıklığı tespit edildiği için hastaların bu açıdan da takip edilip şüphe durumunda romatoloji birimine konsülte edilmesi gerekebilir.
- ▶ Alopesi hastalarında inflamatuvar bağırsak hastalığı (İBH) sıklığı normal popülasyona göre anlamlı yüksek bulunmuştur. Hastaların bu açıdan da taranması yararlı gibi görünmektedir.

Göğüs Hastalıkları

- ▶ Atopik hastalarda alopesi areata insidansı artmıştır. Astım ilişkili semptomlar saptandığında hastalar göğüs hastalıkları uzmanı tarafından değerlendirilmelidir.

Kulak Burun Boğaz Hastalıkları

- ▶ Bu hastalarda bir diğer atopik komponent olan alerjik rinit sıklığı artmıştır, bir çalışmaya göre alopesi areatalı hastaların %20-22'sinde alerjik rinit tanısı konulmuştur. Şüphe halinde ilgili uzmandan görüş alınmalıdır.

Tıbbi Genetik

- ▶ Down sendromu ve otoimmün poliglandüler sendromu ile yakın ilişkisi saptanan bu

hastalığın sendromların diğer komponentlerinin değerlendirilmesi ve genetik danışmanlık açısından yönlendirme yapılabilir.

Psikiyatri

- ▶ Anksiyete ve stres saç kaybında başlatıcı faktör olabildiği gibi alopesik hastalarda anksiyete ve duyu-duyum değişiklikleri artmış sıklıkta saptanmıştır. Tedaviye direnç durumunda ve hastalık progresyonunda mutlaka psikiyatri uzmanına danışılmalıdır.

Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji

- ▶ Hastalığın evresine göre siklosporin, metotreksat, tofasitinib, azatiyopurin gibi immun-supresif tedaviler verilebilmektedir. Bu tedaviler öncesi tüberküloz, hepatit, pnömokok ve influenza enfeksiyonlarına yönelik koruyucu tedavilerin düzenlenmesi gerekmektedir.

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